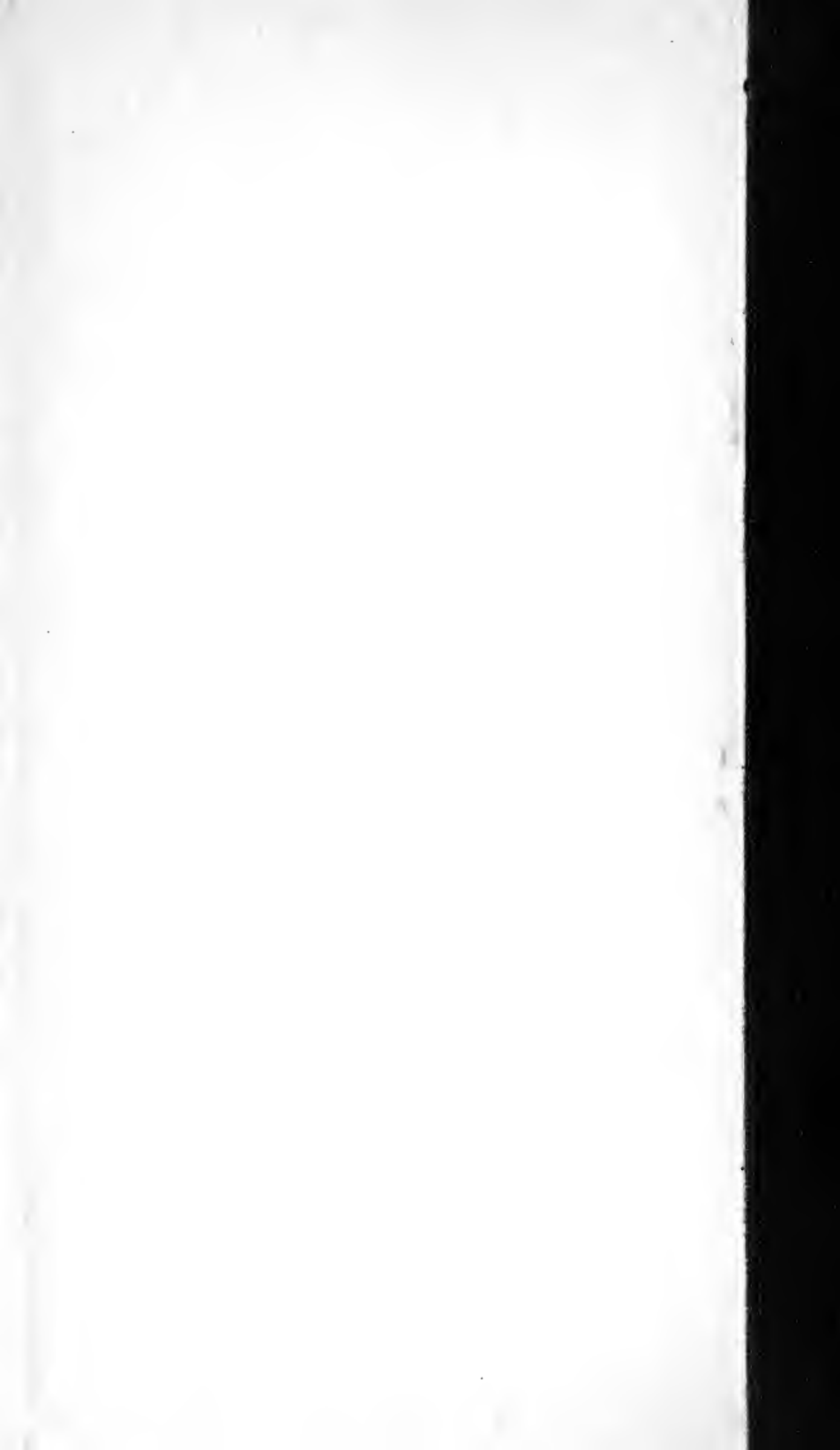


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EDITED BY

W. W. MORLAND, M.D., AND FRANCIS MINOT, M.D.

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THURSDAY, AUGUST 4, 1859.

No. 1.

CASES OF PNEUMONIA.

EXTRACTED FROM THE RECORDS OF THE CHANNING HOME HOSPITAL.

[Read before the Boston Society for Medical Observation, April 18th, 1859, and communicated for the Boston Medical and Surgical Journal.]

BY JOHN N. BORLAND, M.D.

CASE I.—Jane H., an unmarried Irish servant girl, entered the Channing Home for Sick and Destitute Women on Oct. 30th, 1857. She stated that she was of a healthy family, and had always been well until ten days before entrance. She then “took cold” in an employment office. This cold she neglected. That night she had severe pain and stitch in the right shoulder, which continued, and two days afterward changed its seat to the right side. She kept about, and out, every day until her entrance, although she was constantly chilly, and had considerable cough, pain in her right side, and dyspnoea. She had no cephalic trouble. Cough not very urgent. Expectoration slight, not rusty colored. No pulmonary hæmorrhage, or cardiac trouble. Appetite fair. Bowels have tendency to constipation. Micturition natural. Catamenia normal, and present, last time, a fortnight since.

Appears to be a strong and healthy woman; above average size. Brown hair, blue eyes. Pulse 92. Tongue has a thick white coat, on the middle lobes. Has had one natural dejection this morning. R. Pil. scillæ comp., gr. v., every four hours. Large sinapism over right side to-night. Farinaceous diet.

Nov. 1st.—Slept well in night; feels well to-day. Cough and expectoration much diminished. No pain or chills. Tongue cleaning. Pulse 80.

Physical Signs. Percussion.—Front chests equal, good resonance; same in backs above spines of scapulæ. Left back normal throughout. Right back, at spine of scapula, dulness commences, which increases in amount upon descending, until, at bottom of lung, it is nearly flat.

Auscultation.—Left lung, front and back normal. Right chest, normal in front, and in back above spine of scapula; below this

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point, where the dulness commences, fine crepitus is heard—this is more marked descending throughout back and beneath axilla; an occasional sonorous râle is heard.

For a small space on seventh and eighth ribs, below axilla, the voice is more resonant than elsewhere, and throughout the right back the voice is louder, and somewhat modified from the healthy sounds.

A cursory examination yesterday showed the crepitus to be even finer and louder than to-day.

Nov. 2d.—Feels better, and is anxious to get up.

3d.—Makes no complaint.

Auscultation.—Râles at lower right back have disappeared; about the angle of the scapula they are coarser in character.

Percussion.—Dulness of right back is much less.

4th.—Sitting up. Complains only of weakness.

5th.—Occasional soreness of right side on deep inspiration. Apply large sinapism to-night.

7th.—In bed at request. Makes no complaint. No râle is to be heard. No difference to be heard on percussion between the two sides.

16th.—Discharged well.

Note of March 16th.—Re-appeared at Hospital, having been well up to four days ago. Again has pneumonia. Sent to Massachusetts General Hospital, where, in forty-eight hours, she died. At autopsy, right lung found in state of gray hepatization. Left congested, cedematous, part of it nearly in red hepatization.

CASE II.—Margaret R., married, æt. 34, entered Feb. 28th, 1858. Patient has been seven years in America. Has had seven children, and expects to be again confined in May. Has been generally healthy in Ireland, but not so in this country. Has now been sick twelve days with pneumonia of right lung. In bed. Emaciated, and is very weak. Auburn hair, brown eyes. Pulse 100, hard. No cephalic trouble. Has hard, urgent cough. Expectoration of greenish mucus; says that for the first week of her illness, it was bloody. No appetite. Bowels regular. No renal trouble. Catamenia have been always regular.

Physical Signs.—Resonance of chest on percussion is generally good, except over lower right chest, front and back, where it is duller. Air does not enter the right lung below sixth or seventh rib, nor is the voice heard below that line. R. Olei morrhuae, ℥ ij. three times a-day. R. Zi. of cough mixture (No. 5 of Dispensary. R. Bals. copaiba, ℥ ss.; aq. ammoniæ, Zi.; aq. communis, ℥ ij.; syrupi bals. toluani, ℥ ij.; morphiæ sulphatis, gr. ij. M.) every four hours. R. Pulv. ip. et opii, gr. x. at night if needed. Nourishing diet, with eggs and brandy in the forenoon. Wine and water in the afternoon.

Feb. 28th.—Looks, feels and speaks much stronger. Bears the medicine well.

March 2d.—Gaining in flesh and strength. Suffers from cough, which is urgent.

4th.—Complains of soreness throughout chest, with inability to take a long breath. Large sinapism to chest this forenoon, and repeat in the afternoon. Dover's powder at night, if cough.

7th.—Sitting up—improving.

9th.—Severe headache yesterday, with constipated bowels. Took, in the forenoon, infus. sennæ, causing free catharsis at night. To-day, headache less, but is weak.

Auscultation.—In both backs, but loudest in right, are strong, sonorous, mixed with moist, mucous râles. This is heard, to a slight extent, in left upper front chest; in right, the respiration is vesicular. Continue treatment and stimulants.

10th.—Same signs as yesterday, but less strongly marked.

12th.—Restless in night, complaining of pain in head from coughing. Bowels are regularly opened.

14th.—Cough severe. Much pain in head. Flush on cheeks. Resonance, on percussion, in both backs fair. Pulmonary râles are diminished in intensity. Pulse full, 98. R. Tinct. digitalis, gtt. x.; repeat, if necessary, in the afternoon.

17th.—No marked change. Cough continues to be severe. Expectoration is tolerably copious, of same character. Little or no appetite. Bowels are regularly opened. Pulse ranges from 96 to 104. R. Tr. gentianæ comp., 3 i., every four hours.

21st.—Has remained in the same general condition, but gradually improving since the last report. Cough urgent, rattling. Expectoration difficult, consisting of tough, stringy mucus. Resonance, on percussion, in both backs good. In the right lower back, the sound has returned to a considerable extent, the flatness being confined to a space corresponding to the lower part of the lung. No râles heard on auscultation in the front chests, but in the lowest parts of both backs are coarse, moist, crepitant râles heard; being higher and more distinct on the right side than on the left, though much less marked there than formerly. Medicine is persisted in, and borne well.

24th.—Nauseated by the cough medicine. Omit it. R. Chloroformi, 3 i.; syr. tolutani, 3 iij. M. One drachm every three hours.

26th.—Bears medicine well, and is improving.

30th.—As at last report. Improving condition shown in both rational and physical signs.

April 4th.—Steadily gaining. Percussion gives good resonance everywhere. On auscultation, coarse mucous râles are heard, both on inspiration and expiration, in both lower backs; higher up on the right side than on the left.

14th.—Has had no cough for the past week; has gained much in flesh and strength. Resonance good; healthy vesicular respiratory sound heard everywhere. No râle.

14th.—Discharged *well*.

N. B.—Patient continued to do well, and was confined at full term, and did well.

CASE III.—Records of this case, for the first five days, were made by Dr. Robert Ware, who then had charge of the Hospital.

Maria G., aged 20; unmarried; seamstress; entered Dec. 18th, 1858. Rather a slight, delicate girl, with dark hair, fair complexion. She was well, up to three weeks ago, when she began to lose her strength and to cough. Within ten days vomiting has come on; at first, it was slight, but latterly she has vomited everything. She kept at work till Wednesday, the 15th, when she became much more ill, and had a severe chill. Since then, cough was accompanied by pain, which was at first general, over the abdomen, but is now at the base of the right chest. Bowels costive till opened by medicine yesterday. Countenance rather prostrated, left cheek flushed; reddish lips. Skin of moderate heat. Pulse 120, rather small. Tongue close white coat. Frequent, short cough. Sputa rusty, viscid. Catamenia present at commencement of illness; they were not stopped at that time.

Physical Signs.—Diminished resonance over lower two thirds of the right back, with distinctly tubular respiration, and an occasional crackling râle. R. Pulv. Doveri, gr. v., every six hours.

Dec. 19th.—Easy night, though considerable cough; pain in side less. Aspect better. Pulse 120. Respiration 36. Tongue as yesterday. Some flush on both cheeks. No vomiting. No dejection. No delirium, which she had (by report of friends) the night before last. Percussion more wanting in resonance than yesterday. Respiration more clearly bronchial, and voice with bronchial souffle. Vibrations not increased. R. Tr. veratri virid., gtt. iij., every three hours. R. Pulv. Doveri, gr. v., every eight hours. In the afternoon, pulse 118. Respiration 40. Increase veratrum viride to four drops.

20th.—Tolerable night, though occasionally has considerable cough. Aspect less bright, and says she is weaker. Complaints of pain under right scapula on coughing and taking a long breath, dull to spine of right scapula, with clearly bronchial respiration, and great resonance of voice. At left, the respiration is harsh over lower half of scapula, almost bronchial, and with much crackling râle over back, but no dullness. Pulse 126. Respiration 48. Sputa, as yesterday. Eruption of herpes on upper lip. Tongue with close dryish coat. One dejection. Omit powders. Increase veratrum viride to five drops every three hours. In the afternoon, pulse 118. Respiration clearly bronchial at left back, with dull percussion. Sweating copiously. Two dejections. Dover's powder to-night.

21st.—Pretty good night. Pulse 112. Respiration 56. Complaints of pain and distress across base of chest. Tongue cleaner at edges. Took gruel with relish. Continue treatment, and lini-

ment to chest. In the afternoon, pulse 105, Respiration 36. Sweating. Decrease drops to three, every three hours.

23d.—Night better; pain on coughing less. Expectoration less copious, yellowish. Pulse 108. Respiration 40. One dejection last night. Relishes gruel.

24th.—Reports better. Pulse 108. Respiration 38. Tongue red. Breath foul. Sordes on teeth. Sweating less. Cough in night severe. Expectoration slight, yellow. Percussion dull, especially over lower half of left back. In right back, good. Respiratory murmur less in right back, with slight crepitus at end of inspiration. In left back, no râle is heard, but the respiration is loud, harsh and tubular. Cough sounds distant. Sounds of voice over lower left back, high, nasal, approaching œgophony. Continue veratrum and cough mixture.

30th.—Has remained without any alteration in pulse or respiration, since last report, till to-day, when she complains of pain in left side. Pulse 112. Respiration 42. Physical signs as at last report. Increase veratrum viride to five drops.

Jan. 2d.—Improving in general condition. Pulse 104. Breathes easily. Thoracic pains and soreness nearly gone. Appetite improving. Bowels regular.

Physical Signs.—Lying on back. *Percussion* over left front and side of chest, and under axilla, clear and resonant. Same on right side, except that under axilla, the lower half of chest is duller. On backs, above spines of scapulæ, equal and sufficiently resonant. Marked difference below, right side being most dull, the left side being duller than natural, the absence of sound increasing on descending.

Auscultation.—Respiration above both spines vesicular. Right back, from spine of scapula, half way to bottom of lung, respiration is tubular, before coughing; after cough, a loud explosion of moist râles over this space; pectoriloquy, but no œgophony. Below this space, respiration is difficult to catch at any time, and voice sounds external to the chest. Left back, tubular respiration till near the bottom of the chest, where there is total absence of respiration or râles. Voice sounds muffled, hoarse and weak. Over front chests, vesicular respiration above, becoming harder and ruder below; this is most marked on the right side.

From this time on, the patient made a steady progress toward recovery, with gradual improvement in both rational and physical signs, the general plan of treatment remaining the same, and taking nourishing food.

On Feb. 11th, the record says as follows: Reports feeling perfectly well. No disease of any sort discoverable on auscultation or percussion.

Feb. 13th.—Disappeared without a good bye, but well.

ELECTRICITY AS A REMEDY IN NERVOUS DISEASES.

[Communicated for the Boston Medical and Surgical Journal.]

ELECTRICITY in some form or other, as a therapeutic agent, has been employed in this country for the past half century. The cylinder electrical machine of Dr. Franklin's day, producing electricity by friction, was the means mostly employed in the earlier times. The patient, thought to be incurable by every other means, was usually placed upon the insulating chair, or stool, and charged positively, or was "shocked." By the most distinguished physicians and surgeons, as a last resource in grave nervous affections, it was customary to simply order the patient to be "electedrised," without the least regard to sensitive or motor, compound or ganglionic nerves, nor was the anatomy of the muscles or vessels brought into any special consideration. Such was the sum total of electro-therapeutics along the early part of this century. Yet when, as then thought, *moderately used*, there was evidently produced a changed nervous action, in certain conditions, that obtained for "electrical treatment" no little fame, particularly when used in special cases of palsy, now better understood, and for some chronic, cold rheumatisms, in both of which were produced unmistakably good effects, that were lasting. But we do not learn that any rule was arrived at by which the same could be repeated with any degree of safety or certainty of success. No other remedy brought to bear upon the human body has so rapid, so great, so lasting an effect; hence the chance good secured to some, doubtless led multitudes to try its power, for many of whom it was unreasonable to expect improvement, but rather a lasting harm. Such an indiscriminate use of electricity, particularly that by repeated shocks, as a critical medical treatment, to speak comparatively, was a far more "rough practice" than the random shot of the old fire-lock muskets of the revolution.

From all this, two prevailing impressions have been handed down to our own times, namely: first, that electricity is *the* remedy for palsy; and second, that electricity as a remedy must be horribly "shocking." And here I am inclined to digress for a moment, to allude to a positive evil, not only moral but also physical, produced on boys and girls in the experimental and reckless use of electricity by decided *shocks*, as is so frequently practised at our higher schools. It is known that some teachers allow their scholars to join hands, and thus form a closed circle, including a Leyden jar, or even a battery of jars, charged by an electrical machine. So deeply am I impressed of late with the utter folly and evil consequences of thus trifling with this most powerful and persistent of all nervines—a conviction that has been created by the repeated testimony from the higher walks of life, that has come to me again and again, since engaged in this special practice—that I would as soon think of allowing children to frolic with cutting

surgical instruments or fire-arms. There is not wanting testimony from highly respectable families, that young girls, in particular, retain the effects of such *shocks* for years. This is manifested in a tendency to recurrence of pains, or lameness, in the same shoulder, same side of neck or thorax, elbow- or wrist-joint, exactly such as they experienced at the moment of the received shock at school, and which they of themselves date back with no little emphasis to that particular time. Besides, who can tell, or deny, what other modifying effects, which indeed these same cases do not always fail to present, may have been, or may be, stamped upon that youthful and impressible nervous system, that may not a little determine the *ensemble* of nervous action, and of health, for their future life?

On the discovery of the induced current, by Olmstead and Faraday, and the invention of Masson's interrupting wheel, and the various apparatus for producing the to-and-fro interrupted current, the old cylinder or frictional plate machine, for electro-therapeutical purposes, was very much laid aside, which was some twenty years ago. The medical world was much taken with the *portability* of the battery and helix, and for this reason more so still with the magneto-electric machines, whatever might be their relative remedial value. Such means were resorted to all the more, in consequence of the facility and accuracy with which they could be regulated, as to that kind of tension or force, of a so-called continuous current. With these new means for producing immediate physiological effects, and which were certainly attended with some decided curative results, electricity, in this form, became very generally employed by the medical profession; but, alas, too often without a due regard to those conditions and laws which should be invariably observed, when using it. The employment of electro-magnetism and its equivalent, although "*fashionable*," has been entirely too exclusive as to form, too indiscriminate as to the diseased conditions treated, and this has brought odium upon it. Much more have its rare qualities been depreciated in the public esteem by its shameful hawking about in our city and country, by male and female empirics and quacks, who claim to diagnosticate, prognosticate, and cure all diseases by "*Electropathy*"—a very burlesque of science, and of rational medicine. This is to be deprecated much, for two important reasons: first, because electricity is not inert when it is brought to bear upon the human body, either in health or disease; nor is it uncertain or uncontrollable more than other important and valued remedies; and second, when rightly timed and employed, it is capable of relieving, and often perfectly restoring some aggravated cases of irregular nervous action, which no other medication or treatment can reach. Whoever thinks of, reads of, or makes use of electricity as a remedy, with stale *preconceived notions*, or with no definite idea at all, will learn nothing; but, on the other hand, no one can examine this

department of therapeutics in the light of the science as it now is, without discovering that electricity as a nerve-remedy is calculated to take a high and important place, which may be termed reinforcement, or "the reserve" of the armamentarium of medical and surgical resources, that is not presumed to be filled by any substitute.

Not infrequently do we hear the following question: "In what cases do you find electricity, as you employ it, to have the most marked beneficial effects?" or, "Do you find that electricity produces any actual permanent good, except for paralysis?" Or, perhaps, "Is it your experience that there is any advantage or disadvantage from choosing this or that form of electric current for any given case, or from this or that *mode* of employing it?" Now such like questions, I must confess, coming as they do from various classes, even from the more highly intelligent in the medical profession, as well as out of it, are to my mind certainly very suggestive, if not instructive. We thus obtain, indirectly, the prevailing public estimate of the reliable curative power of all dynamical electricity, as one form of electricity is here scarcely distinguished from another. In other words, we thus get a view of the uncertain confidence in this agent as a nerve-remedy, brought about in these days by the wide-spread empirical and ridiculous uses made of some forms of electricity, as just alluded to.

It is now demonstrated, however, that the working power of several invaluable kinds of electricity, for highly important remedial purposes, *can be so timed, regulated, and manipulated*, as to act safely, within the bounds of the human organization, and perfectly consistent with life itself; yet so as to loosen, by its own peculiar catalysis, such chronic dyscrasia, and many abnormal conditions of the nerves and muscles—giving them a tone and tendency to normal action, as well as capability to act, such as no other treatment known to the medical art can do. Indeed, it has come to pass that, for given cases, electricity is *the* remedy, and the only remedy.

While we know that voltaic electricity solves all binary compounds, as water into its elements, salts into their acid and base, also that rapid disorganization takes place at the positive pole, if sufficiently powerful and long continued, and at the same time that there is manifested in fluids, under certain circumstances (as when in cell or spongy mass and affording a certain degree of resistance), a strong tendency to flow from one given pole to the other, by a law of action, and a hundred other electro-physiological phenomena, that can be, and are, reduced to *general principles* and laws, we need not wonder that electricity is capable of being a powerful and reliable remedial agent, but rather should we be led, as indeed we are, to inquire, why more in the domain of the healing art has not been accomplished by it. This is answered again in a breath, if we but inquire how in the name of wonder it is to be

expected that such a subtle, nerve-controlling agent, used for such delicate and vital ulterior ends, acting not so much *where* it touches, as according to *how* it touches the living laboratory and nerve-batteries of the disordered human organism, subject to so many exact laws and nice conditions, should be expected to give anything like uniform and reliable results, when so unfairly and unphilosophically employed, as we have seen.

If we set out with the views of the Italian philosophers, Nobile and Marianini, in the further investigation of the working of this nerve-remedy, which were verified by experiments and laid down as laws by Professor Matteucci, we learn that there are arrangements and circumstances that determine every electric action on animals, so far as these laws apply to the given form and mode of using that electric current, and so far as they apply to the cases and conditions submitted to its action, which are reduced to the following propositions, viz. :—

“1st, Electricity is the only agent which can excite at one time sensation, and at another time contraction, according to the direction in which it is made to traverse a nerve.

“2d, The electric current in passing perpendicularly or transversely across the nerve twigs, or trunks, produces no phenomena due to the excitability of a nerve.

“3d, The electric current has no effect on a nerve, *i. e.*, it neither causes contraction nor sensation, when its action on the nerve is prolonged.

“4th, The electric current alone, can have the power to modify the excitability of a nerve, and even to destroy it, when the current circulates in a certain direction, but can preserve or augment the given excitability, when passing in the opposite direction.

“5th, The electric current, of all agents, is the only one which possesses, for a long space of time, the power to recover the excitability of the nerves, when they have become very much enfeebled, or even dead to other stimuli.

“6th, The electric current, when transmitted along the nerves in the course of their ramification, produces contractions always more energetic, than that which the same current produces when passing along the same nerves, in the opposite direction.

“7th, The out-running current of electricity weakens, and rapidly destroys the excitability of a nerve, while the passage of the inverse current augments it, within certain limits.”

It is important to be known in this connection, however, that such conclusions were arrived at mainly from experiments, and not from clinical practice—from mutilated and dead animals, as frogs, or recent corpses, but not from systematic trials on living human beings. It should also be borne in mind that the voltaic pile, as then used, was an unsteady current, for as soon as laid up, it was already diminishing in action; so that any prolonged trials, where there was no repairing force, as there is in the living tis-

sues, gave very different results. Then came into use what might be called the fiercer batteries, *i. e.*, offering more rapid oxydation, which were also somewhat more persistent, and these quantity currents gave quite new results. From the simple one pair of silver and zinc plates moistened with salt, Pulvermacher's chain, Grove or Bunsen batteries, composed of two or more acidulated fluids, with porous diaphragm, up to the voltaic trough, of a hundred pairs, all were more or less unsteady currents, so that any physiological result obtained with any given apparatus, was as to the condition of that apparatus. And such, we are reminded, were the means early used, in common with friction electricity, for all former electro-physiological and therapeutical research. Now it can be easily seen how conflicting and even uncertain must have necessarily been the testimony from trials by the various distinguished observers in this domain of science, based as they were upon facts obtained at their different stand points, which resulted as we know, often, in conflicting opinions and theories, confounding all, and discouraging research.

Then came the induced current of electro-magnetism, which attracted all eyes, and created extravagant hopes; valued all the more, as we have said, for its remarkable steady working, which was long known to be so desirable; but this current brought with it an entirely new physiological feature. It is a to-and-fro current, necessarily made up simply of a succession of minute shocks, or bits of currents, alternating first this way and then that; the first wave being stronger than the second, when taken together, prevails as the stronger current, and is called the negative, but this is a current very unlike that of the steady workings of a permanent voltaic battery, as that of Daniell's or Smee's batteries, which is also different from that of the friction machine, and hence each has a class of therapeutical, as well as physiological results, peculiarly its own. And these distinctions, in effect, are of exact importance. Had this succession of the means and effects, had this analysis, been made and generally observed, so that all experimental trials, with their given state or condition, and the kind of apparatus employed, been accurately gathered, so as to be classified, we should now be in possession of a material rich in reliable, practical deductions. But up to this present day, cases proper, and others evidently improper—some successfully, and others unsuccessfully treated by *electricity*, as evidence of its power, or incapability—are found scattered through works and reports of various writers, without mentioning what form of electricity was used in the case. But before finishing reading many such articles, we find a casual mention made of "the rapidity of the revolving armatures," or of the helix containing "soft iron wires," or some remark about the "Leyden vial,"—enough to indicate that in these cases it was not the continuous current of a constant battery that gave the peculiar results, but the slow shocks of magneto-electri-

city, or electro-magnetism, or perhaps frictional electricity, and thus the value of the result is in a greater degree approximated.

Such are doubtless some of the causes why the literature of this branch of science and art is so truly meagre, and still unintelligible, notwithstanding the vastness of the field, and the magnitude of its importance. Here is a new continent for legitimate medical research, and it is to be—will be, improved. Already are distinguished men in France, England, Germany, Italy and Russia, such as Remak and Du Bois Reymond of Prussia, Marianini of Italy, Bequerel and Duchenne in France, Smee, Hearden, Althaus, Richardson in England, and others who are more or less entirely devoting themselves to the study and practice or teaching of this branch of medicine. Electro-therapeutics, in all countries of learning, is being more and more developed, and valued, and will ever be an indispensable part of reliable medicine, holding much the same relation to it, as the telegraph does to the mail—not to supersede it, but to constitute an invaluable accessory.

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CASE OF OVARIOTOMY.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY CHARLES E. BUCKINGHAM, M.D.

MRS. ABBOTT, the subject of this case, was 36 years of age, residing at Washington Village. She had never any irregularity of menstruation, the last period having been completed about two weeks before the operation. Has one child, now ten years old. Enlargement of the abdomen began about two years ago. Dr. G. N. Thompson, under whose care she had been, tapped her six times, each time removing a thick, glucy-looking fluid, highly albuminous, and with a considerable amount of thick, white sediment, like partially-cooked meal. The intervals between the tappings constantly diminished in length, the last being only eleven days.

June 20th, 1859, she was seen by Dr. Gilman Kimball, of Lowell, who made an exploratory incision, about two inches in length, just below the umbilicus, and, passing in a male catheter, found considerable adhesions upon each side. The sac, which appeared, was discharged, and the wound closed with adhesive straps. She was quite comfortable after this, although the wound in the skin did not close.

July 2d, Dr. Thompson finding her respiration exceeding difficult, tapped her again, but the solid contents of the sac prevented any considerable amount of the fluid from escaping.

At her urgent solicitation, and with perfect knowledge on her part of the danger of the operation, I consented to attempt the removal of the tumor, which was done on the 4th of July. Drs.

Thompson, Phipps, L. Parks, Jr., Wm. Read and L. M. Sargent were present and gave their assistance. She inhaled about two and a half pounds of ether during the operation, which lasted about an hour. An incision was made from an inch above the umbilicus nearly to the pubes, which was afterward extended to the ensiform cartilage. The tumor, which then appeared, was tapped, and 18 pints of fluid were allowed to run out. A firm adhesion on the left side (about two square inches) was dissected away. It was old and very firm. Two vessels required ligature. The adhesion on the right side was less firm, and was broken down with the handle of the scalpel. No other adhesions were found. A double silk ligature was passed through the pedicle and tied on either side; another ligature was carried around the whole, and the pedicle was then removed by the scissors. The breadth of the pedicle was about three inches. There were four arteries in it, each as large as a crow quill. The wound was united by twelve sutures, and adhesive straps. The tumor was made up of a large number of cysts, two only of which were discharged during the operation. The operation was completed at 12½, P.M. Pulse, at commencement, 120. Under the influence of ether an hour. At 1½, P.M., gave her a grain of valerianate of morphia. Pulse at that time 120. The morphia was repeated as follows: One half grain at 1.55, 2.40, 3.40, 5.40, 6.40, 10.10, P.M. On the 5th, at 2.10, 6.10, 7.45, 9.45, 11.45, A.M.; 1.15, 2.30, 3.45, 4.45, 5.45, 6.10, 10.30, P.M.

At 4.30, P.M., on the 4th, three hours after the operation, the pulse was 120, skin cool, respiration 24; 9.10, P.M., pulse 108, respiration 24, skin warm, color good. She got four ounces of broth, at 10, P.M. At the same time, six ounces of light-colored urine were taken away by catheter. That night, she slept about one half the time, and took broth twice.

July 5th, 7.30, A.M.—Pulse 96. Respiration 16. Catheter drew off about as much light-colored urine as before. Through the remainder of the treatment the catheter was used about once in eight hours. Through the forenoon of this day, she drank lemonade freely, occasionally a little brandy, and half a pint of broth. At 10½, P.M., the capillary circulation was a little sluggish. Sleeping about one half the time. Pulse varies from 76 to 90, but of good strength. Has had slight nausea, but no vomiting. Respiration 16. Is in good spirits, and has had not the least pain. She says that the relief to her breathing has amply paid for the danger of the operation, whatever the result may be. The morphia was discontinued.

6th.—Has passed a good night. Felt a little faint, and got an ounce of brandy. Nausea very slight. Respiration 12. Pulse less than 100, of good strength, but intermittent. Abdomen tympanitic, as indeed it has been ever since the wound was closed, but she says not more so than it always has been after tapping. At 8, A.M., gave her ext. opii, gr. ij., and repeated it at 11.10, A.M.,

followed each time by a teacupful of broth. 9.45, P.M., pulse 90, regular and full; 11.30, P.M., she is very much troubled with flatus. The colon can be traced by its distension. I introduced a flexible tube into the rectum, with the hope of relieving her, but nothing passed through it. Gave an enema of warm water with a double acting pump, and drew it away again. This brought away fecal matter, and about a dozen cherry stones, which were swallowed on the 1st of July, six days ago. Says she is relieved, but the distension still exists. After the enema, got brandy and water. Removed several of the adhesive straps, which were loosening. She passed a good night.

July 7th.—5½, A.M., pulse 92. 8½, A.M., pulse 80. 4, P.M., pulse 80. 10, P.M., restless, as she says, from the flatus. I noticed a little fresh blood oozing from about the umbilicus. Pulse, however, of good strength; 84 in the minute. Respiration has gone up to 32. Since 5, A.M., has got about a pint of broth. Gave her a grain of ext. opii. The distension of the abdomen is very great, but she has no pain. Says she is glad the operation was performed. 11½, P.M., pulse 84. Respiration 32. Has not slept. Introduced the tube, but could not remove any air from the intestine. 11½, P.M., fell asleep, and waked almost immediately, with a chill. Said she wanted to pass water. Introduced the catheter, and drew off about two ounces of light urine.

8th, 4, A.M.—Has been very restless. Has taken brandy and water occasionally, but the skin is clammy, pulse 84 and very small. Respiration 32. Restlessness very great. For the last hour, has been wandering at times. 5½, A.M.—Pulse very small, and almost imperceptible. Throwing the arms about, and asking to have her position changed. Says she would rather take valerian than opium. Got a drachm of the fluid extract, and fell asleep. At 6¼, A.M., waked and got another drachm, which she immediately vomited. At 6.35, A.M., she died, without any indication of suffering. Dr. Calvin Ellis was kind enough to make an examination of the body, at 4½, P.M.

There were no signs of peritoneal inflammation. The pedicle was glued down to the side of the pelvis by lymph. One of the ligatures was forced off from its position, apparently by an effusion of blood between the two folds of the peritoneum forming the pedicle. In this was a cavity about an inch in diameter, filled with soft clot. In the cavity of the pelvis was about ten ounces of blood.

"Memoirs on Diphtheria," a volume published by the New Sydenham Society, is issued at a very appropriate moment. It includes five memoirs on Diphthérie by Bretonneau, and memoirs by Guersant, Tronseau, Bouchut, Empis, and Daviot, on the same disease.—*London Lancet.*

Bibliographical Notices.

Transactions of the Medical Society of the State of New York for the year 1859. Albany: Charles Van Benthuysen, Printer, 1859. Svo., pp. 454.

THE New York Society's Transactions always contain papers of value, and the present volume is behind none of its predecessors in this respect. Among the contents we may mention the admirable Address of the President, Dr. Thomas C. Brinsmade, which we have praised in a former number. Dr. F. H. Hamilton has contributed a paper on fractures of the femur within the capsule, which throws light on a class of injuries that have hitherto proved almost as disastrous to physicians as to patients. Like everything which Dr. Hamilton has written on the subject of fractures and dislocations, it is sound and instructive. A paper on Partial Dislocation of the Shoulder, and consecutive affections of the joint, will be read with interest. The writer makes an allusion to the investigations of Dr. Robert Adams, of Dublin, on Chronic Rheumatic Gout, or what the French call *arthrite chronique sèche*, a disease which has produced many partial dislocations of the joints, which have been considered due to violent causes. The essay on Scarlet Fever, by Dr. Henry A. Carrington, of Hyde Park, is every way worthy of the prize which was conferred upon it. It is an admirable account of the history and treatment of the disease. Dr. Alden March has a paper on Ectopia Cordis, containing two new cases, one of which is illustrated by a beautifully-executed lithographic drawing.

Two interesting papers on the subject of Inversion of the Womb, one by Dr. Quackenbush, of Albany, and the other by Dr. Daniel P. Bissell, of Utica, will be eagerly read by obstetricians. The former physician recommends the following method of effecting reduction: "the inverted uterus should be grasped in the palm of the hand, and compressed firmly, so as to render it less bulky, by having its quantity of blood lessened. It should now be carried up into the vagina and pressed steadily; the vagina will become tense, and re-invert the mouth. Steady pressure should be maintained, and the uterus will continue to double on itself. Evolution takes place, the uterine tumor shortens at its *neck*, complete re-inversion is effected, and no depression or dimpling of the fundus is at any time perceptible; and at no time, by this method, are there more than two layers of the uterus passing through the mouth."

A paper on the Registration of Diseases, by Dr. W. C. Rogers, of Green Island, will have the effect, we hope, of drawing attention to this most important subject. The Diseases of Saratoga County is the subject of an elaborate article by Dr. James Lee, of Mechanicsville. Several other shorter articles are scattered through the first part of the volume, which will repay the trouble of perusal.

About a third part of the book is occupied with a reprint of the Transactions of the Society from 1807 to 1831. The proceedings of the last annual meeting, lists of officers and members, and table of contents, complete the volume.

We regret that more care could not have been bestowed on the correction of the proofs, as the book abounds in errors of the press, of

every description. Dr. Hamilton has already published in this Journal a list of the *errata* in his article. Where there is so much that is excellent in the Transactions of the New York Society, it is a pity that any volume should be allowed to go forth under its auspices marred by such blemishes. Let the Publishing Committee see that the next volume is properly corrected.

Practical Remarks on Yellow Fever, having Special Reference to Treatment. By EDWARD JENNER COXE, M.D. New Orleans: J. C. Morgan & Co. 1859. 12mo., pp. 107.

THIS little book is the result of an attentive observation of the yellow fever, particularly during the epidemic of 1855, when the author had 192 cases under his care in the Charity Hospital, at New Orleans, of which 117 recovered, and 75 died. It should be stated, however, that 32 patients were hopelessly ill on entrance. Our readers are well acquainted with the enthusiasm and zeal of Dr. Coxe; if these qualities occasionally lead him to adopt, in the treatment of some diseases, a more heroic line of practice than is customary with us at the North, we are bound to say that his views with regard to the treatment of yellow fever are rational and sensible, and that his suggestions on the same subject are judicious. In cases of little severity he chiefly avoids doing harm by unnecessary interference, and especially by the sudorific method, so often employed, which he condemns as highly prejudicial. His method of treatment of the severer forms seems equally judicious, and we can recommend the book as well worthy the perusal of those who have to treat this disease; they will find in it many valuable suggestions.

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BOSTON, AUGUST 4, 1859.

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A CAUSE OF ILL HEALTH IN FEMALES.—We lately alluded to some of the causes of disease which might, in part, be removed by increased attention to sanitary matters. It only requires a more perfect police to compel the great majority of citizens to be vaccinated, or to prevent the over-crowding of dwellings, and the accumulation of filth. We wish to speak to-day of a few obvious sources of disease, the prevention of which is not in the power of the police, but which must be overcome by the force of public opinion, when that shall become thoroughly aroused to their importance. Few are aware of the amount of disease caused by the over-working of young females. Our attention was strongly attracted to this subject by the case of a poor girl, lately under our care, who requested to be discharged from the Hospital as convalescent. She had entered for a bronchitis of moderate severity, but it was soon discovered that she was in a condition of extreme debility, with that pale chlorotic look which is so indicative of an impoverished state of the blood, caused by want of fresh air, sunlight, exercise, and recreation. She amended slowly, under a good diet, and all the tonic medicine she could bear, including whiskey and

fusel oil, and though far from well when she went out, was yet able to do some work. On inquiring as to what she intended to do, we learned that she was going back to the establishment in which she had worked before, at making ladies' visites and mantillas. At this establishment *eighty girls were working together, in a single room, for ten hours daily.* We were also informed that the apartment was badly ventilated, and, indeed, it is difficult to imagine how any room in Boston *could* be ventilated, with such a number of persons in it for ten hours. The rules of the establishment do not permit any of the girls to do half a day's work, or to take their work home with them. If they do not like the terms, there are plenty more who will come in their places. Now how much chance will our patient have of recovering her health; or rather, how long will she keep the little she has, under these circumstances? Would it be at all strange if she broke down at once; or, if able to struggle on a little while longer, the pale cheek should exhibit a hectic flush, the bloated skin give place to emaciation, and cough and night-sweats announce the insidious invasion of pulmonary consumption?

Might not some mitigation to such evils be effected without infringing upon the rights of those who employ these girls? We know it is not to be expected that dealers and manufacturers should pay higher wages than are demanded by the rate of profit which they derive from the labor employed—or what is the same thing, that they should require a fewer number of hours' labor per diem; but certainly some pains might be taken to improve the ventilation of the work-shops, and to diminish the over-crowding, the effects of which are so deleterious. This could not interfere with the profits of any establishment; on the contrary, we believe that a larger amount of work would be accomplished by the same hands than under the present system. It stands to reason that workwomen, under the cheerful influences of pure air, sunlight and space, would accomplish their tasks with greater alacrity, and with better results, than when habitually breathing a poisoned atmosphere.

The class of females whom we have been considering is a very large one, and with the increase of our city it is destined to augment greatly. Apart from the sympathy which they are entitled to receive from us, there is another consideration to which we would call attention. Many of them are destined to become mothers, and to their offspring will be transmitted those constitutional defects which they have acquired by long subjection to noxious influences. The chlorotic or consumptive girl, though she may live to become a wife and a mother, will never rear healthy children, and in this way the standard of health of our population is destined to become seriously impaired.

Such is the apathy with which all suggestions relating to hygiene are received by the public, that we scarcely hope to awaken attention to this subject of general interest and importance. But we feel it to be our duty to protest against this, a single evil, among so many which might be remedied, we do not say with ease, but which still *might* be remedied, and whose existence is, at least, remarkable, when we consider the extent of our knowledge of hygiene, and the unceasing efforts of the medical profession to awaken in the public mind a sense of its importance.

**SOLUTION PROTOXIDE OF IRON.**—*Messrs. Editors*,—The honesty and worth of this preparation, as prepared by me, having been recently called in question, I beg leave to call your attention to the annexed report and analysis, by Dr. A. A. Hayes.

And remain, very respectfully yours, CHARLES T. CARNEY.

*Charles T. Carney, Esq.,*

DEAR SIR,—I have made chemical analyses of your preparation of Protoxide of Iron, and submit to you the results. The samples were obtained from different sources, and corresponded so closely in composition that no question in regard to uniformity can arise. They were all labelled "Solution Protoxide of Iron." "This is a permanent Solution of Protoxide of Iron, containing 20 grains in each fluid ounce."

*Physical Characters.*—The fluid was perfectly transparent, of an olive-green color; it had the odor of oil of wintergreen, and taste of a proto-salt of iron dissolved in sugar-syrup. sp. gr. 1.175.

*Chemical Characters.*—By evaporation and a subsequent separation of the iron compound, a syrup of cane sugar was left. Citric acid was present in the iron compound; diluted with distilled water at different points of dilution it remained clear. Neither the diluted nor original solution was changed by exposure several days to air at 85 deg. F.

*Metallic Iron*—placed in the boiling diluted solution after a long time produced no change in it when contained in partly closed or open vessels.

*Ferro Cyanide of Potassium*—in the diluted fluid produced a bluish-white turbidness, which in the colored fluid had a green tinge; a precipitate formed which did not change color on exposure.

*Ferriid Cyanide of Potassium.*—A greenish-blue precipitate which does not deepen in color.

*Tincture of Galls.*—Merely darkened the olive tint of the solution, which remained transparent without change.

*Solution of Carbonate of Soda.*—No effervescence or turbidness even in heated solutions; the transparent fluid becomes deeper colored and does not deposit any oxide after repose.

*Solution of Ammonia.*—At the instant of addition a green tint, becoming dark-brownish green without any trace of a precipitate.

*Solution of Chloride of Barium.*—In an acidulated solution produced a slight cloudiness due to a trace of sulphate of soda.

*Sulphydric Acid*, in a warm acidulated solution, did not produce any change.

*Corks*, containing gallic and tannic acids, dipped in the fluid and exposed to air, showed greenish tints in the cavities; closed solutions do not change the color of corks.

These are the characters of a protoxide or salt of iron, not simply in solution in, but in combination with sugar of syrup.

**ANALYSIS.**—One fluid ounce afforded

|                                    |   |   |   |   |   |   |   |              |
|------------------------------------|---|---|---|---|---|---|---|--------------|
| Protoxide of iron, anhydrous       | - | - | - | - | - | - | - | 3.59         |
| Crystallized citric acid           | - | - | - | - | - | - | - | 7.09         |
| Sulphate of soda, traces           | - | - | - | - | - | - | - |              |
| Fluid grains sugar syrup, by diff. | - | - | - | - | - | - | - | 469.32       |
|                                    |   |   |   |   |   |   |   | <hr/> 480.00 |

If we consider the citric acid united to the oxide of iron, we shall have the acid united to about two thirds of the oxide present, forming a mono-citrate of iron; while one third of the oxide of iron is combined with the sugar. As the presence of the acid is not necessary to the solution of the oxide, which by the beautiful process adopted dissolves freely in the sugar solution, and the re-agents prove the oxide united to the sugar, it is probable that a double compound is formed of mono-citrate and sugar, and oxide and sugar.

There being no known way of determining the state of hydration, I have given the weight of dry Protoxide and Crystallized Citric Acid together, weighing 10 68-100 grains in a fluid ounce of the Solution.

From our knowledge of similar combinations, the sugar and water taken

by the compound may be assumed to weigh as much as the two dry constituents, which renders the statement of 20 grains of the compound in one fluid ounce, RATHER BELOW THE TRUTH.

I am acquainted with the fact that many years since this Protoxide Solution, which you have modified and improved, was prepared by a distinguished foreign pharmacist, and adopted by physicians of eminence in practice. It has never to my knowledge been offered by you as a novelty or an empirical preparation, unsanctioned by medical authority.

It is well known to chemists and pharmacutists that Protoxide Compounds of Iron can hardly be protected from increased oxidation on exposure. The characters here given prove that this Solution possesses this desirable quality of permanency, and that a large part of the Proto-oxide present is COMBINED WITH SUGAR ALONE.

Respectfully,

A. A. HAYES, M.D.,  
Consulting Chemist and State Assayer.

UNCHANGEABLE SOLUTION OF PROTOXIDE OF IRON.—*Messrs. Editors.* Your number for July 14th, 1859, contains an article with the above caption, from Dr. Charles H. Allen, which appears to me to convey to the medical public an attack upon the fairness and honor of a skilful pharmacist.

It also presents a misconception of the chemical composition of the solution named, and recommends, in medical practice, a preparation which is perhaps unknown to the profession.

Mr. Charles T. Carney, educated as a scientific and practical chemist and pharmacist, and well known for fidelity and accuracy in the execution of important duties in this connection, an active member of the Massachusetts College of Pharmacy and American Pharmaceutical Association, is charged with a serious offence.

We are told that Messrs. Nichols & Co. "made and introduced, some months ago," a preparation of iron bearing the name of Unchangeable Solution of Protoxide of Iron, and that Charles T. Carney has been guilty of "throwing into the market a liquid differing in taste and color," and "in appearance," from "one originally introduced by the other manufacturers," and that this liquid "bearing the same name" has *other* characters, making it essentially different.

Accepting Dr. Allen's statements respecting the difference in physical characters of the two solutions named, I give the labels attached to the bottles, as sold. "Unchangeable Solution of Protoxide of Iron." "Jas. R. Nichols & Co., 7 Central St., Boston." "The isolation and protection of the Protoxide salt of Iron is in this preparation fully accomplished, and is the most valuable of the iron combinations." There is contained in each tablespoonful about 5 grs. of the Iron Salt, which amount may be administered 2 or 3 times in 24 hours." This is "the agreeable and efficient form of iron" which Dr. Allen recommends.

Mr. Carney's bottles are labelled "Solution Protoxide of Iron." "This is a permanent solution of Protoxide of Iron, containing 20 grains in each fl. ounce."

Without here alluding to the fact, that Mr. Carney made and sold this solution before Nichols & Co. were manufacturers, it does not appear that Dr. Allen has the slightest foundation for his statement that "Recently, however, a liquid bearing the same name" "has been thrown into the market by Charles T. Carney."

Dr. Allen must also be held responsible for the statement, that Carney's solution "*contains no free protoxide of iron*, but does contain

4.09 grains to the ounce of citrate of iron, with excess of citric acid." Turning to the characters of Carney's solution, as given by Dr. Allen, any one having knowledge of the behavior of proto-salts of iron, will see that his observations on the actions of re-agents, such as the gallic acid in corks, ammonia, and carbonate of soda, establish beyond all question the fact, that Carney's solution *contains the protoxide of iron alone*. I have preferred to allow Dr. Allen's own words to contradict his statements, and will now call attention to the characters and composition of the preparation he recommends.

In obtaining the specimens which were subjected to analysis, the same course was pursued as that adopted in a recent analysis of Mr. Carney's. I had a sealed bottle purchased at the warehouse of Messrs. Nichols & Co., and the stock bottles of three of our most respectable apothecaries for confirmation of the results.

*Physical Characters*.—A dense greenish-brown liquid, having a deposit at the bottom of the bottle. Taste sweet and astringent, followed by a strong chalybeate impression. Sp. grav. 1.276.

*Chemical Characters*.—By evaporation and the subsequent separation of the salt of iron, a solution of cane sugar remained. Acetic acid, in union with oxide of iron, and a little sulphuric acid, were found.

When the fluid was diluted with distilled water, at different densities, it became turbid, and deposited yellowish-brown flocks. The stock bottles containing the solution exhibited an incrustation, or a pellicle of a deutoxide basic salt of iron.

When the recently-opened solution had been exposed in an open vessel to the air at 85 deg. F., a strong film of basic deutoxide salt had formed on its surface.

*Metallic iron*, placed in a warm or boiling solution, either strong or diluted, recently poured from the closed bottle and protected from the air, decomposed it at once, with a separation of deutoxide of iron.

*Ferro cyanide of potassium*: in the diluted solution, gave a deep blue precipitate, becoming darker on exposure.

*Ferrid cyanide of potassium*: in the diluted solution, gave a dark indigo blue precipitate.

*Tincture of galls*: instantly an ink-like, black, turbid liquor; a black precipitate deposited.

*Carbonate of Soda*: either the dense or diluted solution is instantly decomposed.

*Ammonia*: the solution drops its iron oxide; and when heated, all but a mere trace of the oxide can be thus removed from the solution.

*Chloride of Barium*: in an acidulated solution, affords a precipitate of sulphate of baryta.

*Sulphydric acid*, in the same, renders the fluid cloudy from decomposition, and the sulphur separated contains a trace of lead or copper.

*Corks*, which contain gallic and tannic acids, take a black color without exposure to air in the solution.

These, with other characters, demonstrate that the solution contains a ferroso-ferric salt of iron, dissolved in sugar syrup, and not in combination with it. Not a trace of *protoxide of iron* could be detected in any of the samples, and the fact noticed by Dr. Allen of the corks being blackened, proves that the solution, when sealed, contains ferroso-ferric salt, as proto-salts do not blacken corks.

ANALYSIS.—One fluid ounce of the "Unchangeable Solution of Protoxide of Iron" afforded

|                                             |           |        |
|---------------------------------------------|-----------|--------|
| Ferroso-ferric oxide of iron                | - - - - - | 3.76   |
| Cryst. acetic acid                          | - - - - - | 6.00   |
| Sulphate of soda and sulphuric acid         | - - - - - | .78    |
| Fluid measure of sugar syrup, by difference | -         | 469.46 |

480.00 grs.

Considering the ferroso-ferric oxide as dry, and the acetic acid as crystallized, we have  $9\frac{7}{10}\%$  grains of dry salt in a fluid ounce of this preparation. The amount of water of crystallization, which acetate of ferroso-ferric oxide takes, has not been determined.

The results prove that an oxidized solution of acetate of iron dissolved in sugar syrup, forming this "unchangeable solution," follows the natural law, and absorbing oxygen from the atmosphere, is constantly advancing to a deutoxide state.

Mr. Carney has published the analysis of the preparation he offers for sale, and if the reader will turn to the composition of that, he will see that Mr. Carney has not "thrown into the market" such a compound as is here described. Had he done so great injustice to the public, I should have felt justified in asking his expulsion from the highly respectable body of Pharmacutists and Apothecaries, on which physicians have confidently relied.

In regard to this changing—"unchangeable"—solution of ferroso-ferric oxide, as no *protoxide of iron* is present in the fluid, it cannot be safely used for influencing those changes which depend on the exhibition of the easily assimilated protoxide combinations.

It is a compound which, long known, has been dropped as an official preparation, while its equivalent, the pyrolignite of iron, is largely consumed in calico printing as a cheap mordant.

A. A. HAYES, M.D.,

16 Boylston Street, Boston, July 23, 1859.

State Assayer.

THE CITY HOSPITAL OF CHICAGO is completed, and is to be opened for the reception of patients and for clinical instruction. The medical board consists of: *Physicians*, Drs. D. Laskie Miller, Joseph K. Ross, Samuel C. Blake. *Surgeons*, Drs. Daniel Brainard, Geo. K. Amerman, Geo. Schleitzer.—*Med. and Surg. Reporter*.

ERRATA.—In our last issue, page 519, line 2, for "point," read *joint*; same page, line 24, for "amputated limbs," read *limbs amputated*.

*Communications Received*.—Quinine in Typhoid Fever.—Epilepsy successfully treated with Strychnia and Nitrate of Silver.—Notice of Micheli's "L'Amour."—Translations from foreign journals.

*Books and Pamphlets Received*.—Gross's System of Surgery. (From Blanchard & Lea).—First Annual Announcement of the Veterinary College of Philadelphia.—Report on the Smallpox in the City of Providence. By Edwin M. Snow, M.D., Superintendent of Health.

DIED.—In Rowley, July 28th, Dr. Richard Herbert, aged 61 years.—In Providence, R. I., 26th ult., Thomas P. Moore, M.D., of Warren.

*Deaths in Boston* for the week ending Saturday noon, July 30th, 77. Males, 40—Females, 37.—Accident, 1—asthma, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 7—convulsions, 2—cholera infantum, 12—dysentery, 4—dropsy in the head, 4—drowned, 3—debility, 2—infantile diseases, 4—puerperal disease, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 3—homicide, 1—disease of the heart, 2—disease of the kidneys, 1—inflammation of the lungs, 2—marasmus, 3—old age, 3—lisease of the spine, 1—smallpox, 2—scalded, 1—teething, 4—tumor, 1—unknown, 3—varioid, 1—whooping cough, 2.

Under 5 years, 45—between 5 and 20 years, 10—between 20 and 40 years, 5—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 64—Ireland, 11—other places, 2.



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## MARRIAGES OF CONSANGUINITY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—In your issue of July 14th, there appears an article from Dr. Bell, of New York, “On the effects of the consanguinity of parents upon the mental condition of the offspring.” In this paper, Dr. Bell advances a very positive belief in the inaccuracy of the statistics in a report on “Influence of marriages of consanguinity upon offspring,” which I presented to the American Medical Association in 1858, and brings some counter-statistics to prove their fallacy. To this I have not the slightest objection; in truth, no one will more promptly or cordially congratulate Dr. Bell upon his successful overthrow of error than the author of that report, provided he is able to show, by the accumulation of authenticated facts, that the statistics of that report are, as he regards them, “unreliable.” Then, I do sincerely hope that he will continue his researches, and visit other villages; and since he objects to my statistics because he suspects the contributors to have been *marvel-hunters*—if I may use such a term—prejudiced men, whose testimony must be rejected because they are interested witnesses; or, men who would furnish “vague rumors” as facts, to be reported as such, to the National Association, of which body nineteen out of twenty of these contributors are members;—since Dr. Bell has taken upon himself these bold assumptions, it might be wiser policy in himself to search his own facts carefully to see if the taint of partizanship is not upon them.

But, Messrs. Editors, I do not write to you to attack Dr. Bell's statistics, nor have I a doubt of their correctness. I have in my possession several groups of cases as favorable to his opinions as those he adduces. Nor do I write for the purpose of defending my own statistics; they will be established or rejected just in proportion as they are found true or false, and their ultimate fate will not affect me, except that I should rejoice at the final decision of a great question whose truths I had earnestly labored to elicit. But I trouble you for a place in your pages simply to defend my co-laborers in this report, and myself, from imputations which we

cannot admit that Dr. Bell has the right to make, or is right in making. He seeks to discredit the statistics of my report by under-rating the characters of those who furnished them. He says: "All physicians are not philosophers, neither are all exempt from popular prejudices. I am not aware that they are less apt to be influenced by a previously-conceived prejudice than other persons; and many of them are prejudiced in regard to this matter. These would be just the ones who would be likely to reply to *circulares like those of Dr. Bemiss*,\* as they have a theory to sustain. Statistics collected by such would be little likely to present a fair average of cases. Besides, in those collected in the manner already spoken of, we have no guarantee that they were all personally known to the reporters; it is highly probable that many of them were collected from vague rumor alone." Then on a previous page the following sentence is found: "Dr. Bemiss has not overlooked the fact that his cases have a degree of uncertainty about them, for he remarks, 'it is natural for contributors to overlook many of the more fortunate results of family intermarriage, and furnish those followed by defective offspring or sterility.'" This is far from representing my true opinion, expressed in my report, as the following paragraph will show:

"The original statistics which appear in my report have been furnished exclusively by reputable physicians in the various States to

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\* I think it likely that Dr. Bell meant to say—*circulares* upon such subjects as that presented by myself; but whatever he may have intended, his expression, italicized by myself, is so direct an imputation upon the fairness of the means employed to collect these statistics, that I must beg of you to print my circular.

"Louisville, Ky, July 16, 1857.

"DEAR SIR,—May I solicit your co-operation in collecting material for a report I am to present to the next American Medical Association on the 'Influence of Marriages of Consanguinity upon Offspring?' I wish to make my report exclusively statistical, and if each of the medical gentlemen to whom I address calls for assistance, will contribute even a small amount of aid, I will be enabled to sum up results enough to justify very positive conclusions upon this subject.

"If instances of such marriages have occurred under your notice, will you oblige me by sending the results as carefully analyzed as your knowledge of circumstances will permit?

"The points of which I wish more especially to be informed, are:

"1. The degree of consanguinity of parties (whether first, second, third, or fourth cousins; or, as in rare instances, uncle and niece).

"2. The date (approxinative) of marriage.

"3. The number, sex and *condition* of children born to each marriage.

"4. The number of children dead, cause of death, and age when known.

"5. The condition, temperament and occupation of parents, with any habits or circumstances calculated either to favor or retard the normal development of offspring."

"I wish my report to be entirely unprejudiced; my only aim is *truth*, and I desire those instances of such marriages where no defective issue results, or which are sterile, as carefully sought out and reported as the opposite; and whenever the defects of offspring may be reasonably referred to other causes than consanguinity, I wish the facts distinctly set forth.

"I am well aware that investigation in these cases is often toiled by the sensitiveness of parents upon the subject of kinship, but in such instances information as circumstantial and reliable may often be obtained from friends of the family.

"I trust, My Dear Sir, I will not be accused of making undue demands upon your time and patience in these requests. Such is my anxiety to furnish a comprehensive report, and one that will embody a great amount of new and valuable information, that I will await your answer with much solicitude, and cherish grateful recollections of all who consent to become my co-laborers.

"If your engagements should prevent your own participation in these inquiries, would you be so kind as to entrust them to an intelligent student, or any reliable person whom you may select?

"I wish to get in my statistics by the first of the ensuing year, so as to tabulate them, but would be gratified to hear from you at an earlier period.

Very respectfully,

S. M. BEMISS.

"P. S.—Names of parties not desired, as all personal allusion will be avoided in my report."

which they are credited. The respectable sources from whence they are derived should stamp them as high authority, and I bear cheerful testimony to their accuracy and reliability, feeling satisfied that all future investigations in this field will bring additional evidence that they are faithful records of truths. But while endorsing the truthfulness of these statistics, it is my duty to state that those which relate to marriages of consanguinity should not probably be received as a completely true representation of the results of such marriages; some modification of the mean of results might occur if the statistics of *all* instances of in-and-in marrying, in the Union for example, could be comprised in one report. It is natural for contributors to overlook many of the more fortunate results of family intermarriage, and furnish those followed by defective offspring or sterility. The mere existence of either of these conditions would prompt inquiry, while the favorable cases might pass unnoticed. Contributors have been particularly requested to furnish, without prejudice or selection, all instances of marriages of consanguinity within their various circles of observation, whatever their results. I have reason to believe that in every instance they have complied with this request so far as it was practicable to do so. Consequently, I have no further cause for supposing that the mean of defects would be lessened, were it possible to include every case of marriage of kindred existing in the population which affords those on my tables, than the mere inference that some cases with favorable results may have passed unnoticed."

I have not the satisfaction of personally knowing Dr. Bell, or anything with regard to his position as a "philosopher," an unprejudiced man, or a reliable statistician; but however high it may be on either of those lists, I do seriously believe that the number among the contributors to my report who fall below him in either scale would be so small as not appreciably to invalidate their aggregate testimony. And I say this, without the slightest degree of disparagement to Dr. Bell, for I have time and again made the remark that my correspondence on this subject had given me an elevated opinion of the profession of this country.

But then Dr. Bell intimates that some of this information was derived from non-professional sources. Undoubtedly it was; in a number of instances the reporters informed me that members of the families had furnished them their facts. How did Dr. Bell obtain his statistics? Was he, in person proper, present at the birth or death of each one of the children of the twelve couples embraced in his collection of cases? If so, was it not as reasonable to infer that each one of my contributors had in like manner become cognizant of the facts he sent me? If Dr. Bell did not witness these events, but obtained accounts of them in a hearsay manner from members of the family, will he reject other testimony ferreted out by the same process?

I do not consider it proper to occupy your space by any discussion of the question itself, apart from its statistics. Unfortunately, these statistics are difficult to obtain, and will by many still be discredited until their continuous accumulation leaves no further

room for a doubt in the minds of intelligent critics. There is, however, one common-sense inquiry, whose solution would go far toward settling opinions as to the degree and character of influence marriages of consanguinity exert upon the offspring. What is the extent to which the characteristics of parents are imparted to their offspring? If we admit that parents have *mutual* share, however proportionate or small, in impressing upon their children their own peculiarities, dispositions and diatheses, we must also admit that when two members of the same family intermarry, the probabilities are that the type of constitution pervading the family would be more highly developed in the offspring. Excellencies of parental constitution and perfection of hygiene may in many instances, and it may be for generations, prevent visible deterioration; but if the practice be persisted in, ultimate perversions of constitution and disabilities of generative function will manifest themselves; and this condition being once established with the parents, we may expect to find all those eccentricities and abnormities among their issue which constitute the catalogue of defects to offspring in my report. I am persuaded that future investigation will confirm this opinion, and am gratified to find the spirit of research animating your correspondent from New York. I again express the hope that he will continue his investigations, and do now assure him that if I can facilitate them in any manner it will give me great pleasure to do so.

Yours respectfully,

*Louisville, Ky., July 28, 1859.*

S. M. BEMISS.

#### EMPHYSEMA OCCURRING DURING LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—On the 11th of August, 1858, at 8 or 9, P.M., I was called to see Mrs. B., who was said to be in labor at term.

She was a healthy-looking woman, 27 years old, good constitution, with usual *embonpoint*, and a primipara. I found her pains were feeble, with long intervals, and the os uteri but little dilated. As the labor was in its incipient stage, and progressing slowly, I retired to rest, leaving directions to call upon me if necessary. She continued much the same during the night. In the morning (12th), however, the uterine contractions rapidly grew stronger, the intervals shorter, the os yielding—the membranes soon burst, and by 7 o'clock the labor was going on in good earnest. Everything promised a speedy delivery, and the case went on as usual, with nothing uncommon till during the second stage of labor.

The head became firmly pressed against the perinæum at about 9½ A.M., and the efforts of the patient were tremendous. I repeatedly cautioned her to restrain her exertions, but she said she could not help it. Her pains became more frequent and powerful,

and notwithstanding the remonstrances of her husband and myself, she continued to exert herself to the utmost, producing such turgescence of the veins, and excessive lividity of the face, that I greatly feared some accident.

At about 12, M., my attention was called to a swollen condition of the patient's neck. On examination, the swelling was found to extend down from the neck, which was very large, over the upper half of the right mamma and under the right arm. There was crepitus under pressure, very audible to those standing near the patient; in short, there was emphysema of the cellular tissue of the neck and chest. Mrs. B. had felt no rupture, there was no cough nor expectoration. There was now some soreness of the chest, and much pain, like a stitch, on taking a deep inspiration, which was referred to a spot about four inches below the right clavicle.

The labor continued, the expulsive efforts increased, and so did the emphysema. It seemed that such a state of things could not be allowed to go on much longer, as the patient might get completely blown up. I thought of terminating the labor at once by forceps, and had the delay been much longer, I certainly should—not, however, on account of the increasing emphysema wholly, but partly because of the prolonged resistance of the perinæum; for I rarely or never wait for nature more than four hours after the head gets fairly jammed against this barrier, lest the child perish from syncope. But the advancement had begun to be more perceptible—it was soon rapid. A few more pains, and the child was delivered at about 1 o'clock, P.M. Another contraction expelled the placenta, and the labor was over, much to the joy of all. Then followed the usual amount of hæmorrhage. Aside from the soreness and pain about the chest, the patient was as comfortable as could be expected. The emphysema was now found to reach from the back and side of the head, down upon the right side of the body to the false ribs, and extended round from a little to the left of the sternum, nearly to the spine, involving almost the whole of the right chest, besides a part of the left, the neck and back of the head. The face was not affected. The air disappeared gradually from day to day, and in about a week it was mostly gone. Crepitus was last felt behind the right ear. A sore spot remained beneath the right clavicle for months afterward. Mrs. B. had never had pneumonia, pleurisy, nor any other disease of the chest. She has always enjoyed good health, and is free from any hereditary predisposition to tuberculosis. To use her own words, she said, "I never was sick in my life." It hardly seems probable, therefore, that there was adhesion of the lungs to the walls of the chest; yet, if there was rupture of the lung, without adhesion, it becomes difficult to account for this emphysematous condition of the areolar tissue of the head and chest. There was no evidence

of air within the pleural cavity, which there would have been in case of rupture, and no adhesion.

A case very similar to the foregoing is reported in the July number of the present volume of the *London Lancet*, by Dr. E. Bishop, on seeing which I was induced to submit this to your disposal. His patient was also a primipara—her efforts were violent—she felt “that something had given way in her chest,” two inches *below the right clavicle*. The head rested upon the perinæum one and a quarter hours. The emphysema was mostly limited to the face and neck; it was followed with a painful cough, which was soon relieved by medicines. She had never had any chest affection. It was three weeks before crepitation entirely disappeared. Her general health was tolerably good, and I suppose she wholly recovered.

CHARLES L. KNOWLTON.

*Ashfield, Mass., August 1, 1859.*

### QUININE IN TYPHOID FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

In the Journal for July 7th, “Oliver” takes occasion to dissent from the writer in regard to some suggestions upon the use of “Tonics,” made in a previous article.

After making some comments upon the character of typhoid fever peculiar to “this section of the country,” and enumerating some of the symptoms by which he would be, in a measure, influenced, he says, “If in this section of the country I should prescribe for a patient laboring under typhoid fever with the symptoms detailed above, or in addition to these were there delirium, subsultus tendinum and tympanitis, and there was no inflammation of a local character forbidding the treatment, I should most surely administer quinine in two or three grain doses, every two or three hours, combined with sufficient sulph. morphia to control the delirium, if there was any, and to produce an anodyne effect; and by the time twenty or thirty grains of the quinine were given, I should expect to find a softer and slower pulse, very moist condition of the skin, delirium, subsultus and tympanitis gone, and the patient so much better as to have the appearance of convalescing.” Now if 20 or 30 grs. of quinine can be made to produce all these happy results (provided, of course, that these *appearances* are not deceptive), I will admit, without argument, that this course would be the simplest, cheapest and best one ever tried. But there is one fatal objection in my mind; viz., if the case under treatment happens to be a true case of typhoid fever (and not a case of *bilious remittent*), the treatment detailed by “Oliver” will fail, in direct proportion as the real characteristics of *typhoid* fever prevail.

If asked if I reject the use of quinine in typhoid fever altogether, I answer, no. I use it, more or less, in nearly all cases. The real point of difference is here. "Oliver" (and there are numerous "Olivers" in the West, as I have before intimated) thinks it necessary to continue the use of this "tonic" through the whole term of a typhoid fever; while in my experience I have found it better to administer it, if at all, about the third and fourth day after an attack, and this not so much with a view of arresting or modifying the *typhoid fever, as such*, but for another reason alluded to by "Oliver," when he said that "malaria" (or what is usually so denominated) modifies nearly all our cases of fever. And it is often impossible to tell, at the first appearance of febrile action here, whether the case will prove to be one of typhoid, or bilious remittent fever.

But I would not be understood to say that I only find use for tonics during the first three or four days of a typhoid fever. I say this:—According to my observation, all the benefit that can be derived from the use of quinine in a case of typhoid fever can be obtained, in most cases, during the first week; nor would seven days be required for this purpose alone. When I say during the first week, I do so, allowing a margin for the use of other measures which might be preliminary, or in some other way render the use of quinine inadmissible. I could not tell before-hand on what days or how much I would give.

But quinine is not the *only* tonic that can be used in fever. In the latter stages of typhoid fever, salicin, and sometimes some preparations of iron, act kindly, when quinine only aggravates both the pulse and tympanitis. It is not infrequent to see one or two doses of quinine act upon the bowels as promptly as a dose of aloes, after it has been freely administered during a case of typhoid fever; and this is *one* of the indications of its having been pushed far enough—or, in other words, of its *poisonous effect*.

I might here cite some cases, but for good reasons desist, appealing at the same time to the experience of physicians everywhere, who are in the habit of using much quinine, as to the correctness of my statements. The confidence manifested by "Oliver" in quinine goes far, I claim, to substantiate the position I took in the first place. But this may be said to be begging the question. Let us see. "Oliver" would give quinine as a febrifuge, "if there was no inflammation of a local character." But why does he say this? Is there danger in giving febrifuges where there is "*local*" inflammation? But again. It so happens that in *almost all* severe cases of typhoid fever here, there are complications of this kind during its course. Perhaps this state of things is more common here than in the East. I think that full nine tenths of the severe, well-marked cases of typhoid fever I have seen in this State, in the last four years, have shown unmistakable signs of pneumonia, to say nothing of the abdominal troubles which every one

knows are so constant. If local inflammation, then, is so common, which I think no one will deny, what becomes of "Oliver's" logic?

One other point I wish to refer to, and that is regarding the use of morphine. "Oliver" would "give sufficient morphine to *control the delirium* and produce an anodyne effect." If he should do this in all cases, I think he would give enough to control the struggling energies of nature, and to render further medication unnecessary. I would not object to a judicious use of opiates in typhoid fever; but their indiscriminate use for the purpose of "controlling" delirium, I believe to be worse than the free and indiscriminate use of quinine. Who does not know that in typhoid fever the nervous system, whatever may be the primary cause, suffers in such a manner as oft times to suspend many of its functions, even where there is ultimate recovery? And what physician has not some time been warned that the large doses of morphine which are necessary to produce sleep in these cases of extreme restlessness and delirium, can only be given at the hazard of procuring a never-ending sleep? I have seen a patient lie for five days and nights without one hour's quiet sleep, all ordinary means failing to accomplish anything in that direction, and yet one week later one fourth of a grain of opium would cause sleep, or one half grain of extract of hyoseyamus, or two grains of assa-fetida.

But it is not my purpose now, more than before, to teach practice or attempt it; but believing, as I do, that the practice of medicine is yet more of an art than a science, anything that seems like a routine practice must be looked upon, to say the least, with distrust. And I will say now, as I said before, that it is only by careful observation that we can tell when quinine or any other drug has a really tonic effect.

P. K. G.

*Plainfield, Illinois, July 27, 1859.*

#### EPILEPSY SUCCESSFULLY TREATED WITH STRYCHNIA AND NITRATE OF SILVER.

[Communicated for the Boston Medical and Surgical Journal.]

APRIL 1st, 1859, was called to see Miss —, a strong, plethoric girl of 15 years; had enjoyed perfect health until about the first of January last, when she commenced having what her mother called "nervous spells," which consisted in slight spasmodic movements of the muscles of the face and upper extremities. These attacks, at first, were so slight as to be scarcely noticeable, but gradually increased in severity until they amounted to fully-formed convulsive and comatose paroxysms. Patient has a brother, 22 years of age, who has been afflicted with epilepsy ever since the age of 14. The disease has already produced, in him, a state of



almost complete imbecility. Could discover no other reason for supposing the disease to be hereditary. Miss C. commenced menstruating when 13 years of age; has been perfectly "regular" ever since. Could discover no uterine derangement. Found some tenderness in the region of the dorsal vertebræ, but not at all marked. The convulsions came on without any regularity as to the duration of the intervals; patient sometimes having two attacks in a day, and then going over one day without having any. The convulsions lasted from five to ten minutes; face flushed, but no distortion of the features; pulse full and frequent. As the convulsions passed off, the muscles became *perfectly relaxed*, and patient fell into a profound slumber. When first called to the patient, I prescribed nitrate of silver and sulphate of zinc. This course was pursued for about ten days, without any apparent benefit arising from it. I then added ext. stramonium to my former prescription. This seemed, *at first*, to control the disease somewhat, but lost all its influence after the system became accustomed to it, although the dose was gradually increased. This course was pursued for about three weeks, when, becoming convinced that this would not answer the requirement of the case, I adopted the following prescription:—R. Ext. stramonii and ext. conii, aa gr. xv.; strychniæ, gr. ij.; argent. nitros., ℥ij. M. Fiat. pil. xxx. Of these pills I gave three a day. This course I pursued perseveringly, gradually increasing the amount of strychnia and nitrate of silver, until I found the disease perceptibly giving way. I now consider the disease cured, the patient having had only two convulsions during the last five weeks, and these being very slight, occurring in the night, while the patient was asleep.

S. N. PIERCE, M.D.

*Cedar Falls, Iowa, July 27th, 1859.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

*Protrusion of the Eyes in connection with Anæmia, Palpitation and Goitre.* At a former meeting of the Society, July 12th, 1858, Dr. H. J. BIGELOW exhibited a daguerreotype of a patient presenting the above symptoms; to which the attention of the Society had not been previously called. He read from a paper of Mr. W. W. Cooper, with the above title, published in the *Lancet* of May 26th, 1849, some account of this curious affection, then first noticed in detail, but afterward observed elsewhere. The cases there published were similar to the present one. The accompanying cut is a tolerable representation of the daguerreotype exhibited.

A young lady of 21 noticed a moderate enlargement of the thyroid gland in the spring of 1858. The prominence of her eyeballs had excited some remark six months before that date, but she did not herself

realize it unless when fatigued. She is uncertain which lesion preceded the other. These protuberant globes can be pressed back a little into the socket, but the interval of a second or two restores them to their position, that of partial exophthalmus, with a wild, staring look. The thyroid is moderately enlarged, vascular and pulsating, with an interrupted bruit, which could be made continuous by pressure. The



cardiac pulsations are clean but augmented in force. The patient is of chlorotic and feeble habit. The hair already beginning to turn gray, a circumstance also noted in another patient seen by Dr. B.—that of a male of 25, in whom the exophthalmus supervened after typhoid fever. The latter patient has been much relieved by time, and by the tonic treatment recommended by Mr. Cooper. But the former patient has received little local advantage from six months' use of iron in various forms, with other invigorating measures.

The coincidence of the thyroid and ophthalmic lesions is curious; while the cause of the latter is not evident. Hypertrophy of the cellular tissue behind the eye: increased vascularity of the arteries, or of the venous circulation dilated by thyroid pressure, are among the solutions offered. But Dr. B. had not seen the exophthalmus in some cases of large goitre, nor in scirrhus of the thyroid, nor in tumors involving the anterior neck. On the contrary, it usually occurs in young subjects, with inconsiderable enlargement of the gland. A want of contractile energy in the recti muscles has also been suggested with some plausibility; fatigue increasing the protrusion for the time.

Dr. WILLIAMS remarked that he had seen cases of protrusion of the eyes within a year and a half, but not accompanied by this affection of the thyroid. In one, the symptom had passed off in a degree, but there were indications of heart affection. In another case, to which he alluded, there was palpitation of the heart. In one case, one eye alone protruded. In none of these cases was there any sign of tumor behind the eye, or of hydrophthalmia. In one, the symptoms evidently depended upon a partial paralysis of one or two of the muscles of the eye.

He further stated that other cases besides those observed in England had been reported on the Continent.

Dr. ELLIS questioned whether a relaxation of the muscles about the eye, as suggested, would have this effect.

Dr. CABOT, on the other hand, alluded to the protrusion of the eye after the operation for strabismus, as confirmation of this theory.

With regard to the powers of motion in the eyes thus affected, Dr. BIGELOW remarked, in reply to Dr. JACKSON, that they were unimpaired.

JUNE 13th. *Anæmic Exophthalmos*.—At the date of the present meeting, Dr. MORLAND reported the following case of this affection, together with a case which fell under the observation of Dr. S. R. JONES, of Bangor.

"Miss R. B., 55 years of age, a dressmaker, of excessively nervous and excitable temperament, and for nearly her whole life closely confined at her occupation, consulted me, three years since, in refer-

ence to the condition of her eyes. She presented, at that time, a striking specimen of *anæmic exophthalmos*. The eye-balls were so protruded that a very large portion of the sclerotic coat was visible; the motions of the globe were mainly preserved, though somewhat interfered with. Vision was unimpaired. The general health was greatly disturbed. The face was pale, the lips bluish. Dyspepsia and much general feebleness existed. There was extreme nervousness, with frequent muscular twitchings; the condition sometimes approaching that of chorea. There were palpitations of the heart, but not of marked intensity.

"The patient was seen only for a short time, and but once—she then residing at some distance from the city. In previous years, she had frequently consulted me for slight ailments—mostly those of a nervous and dyspeptic character. There was not, at this period, any appearance of the *bronchocele* subsequently noted.

"A tonic course was directed, together with respite from the continual labor, which, by its nature alone, was evidently injuring her. The diet was regulated: country air recommended, and every hygienic precaution inculcated. She was also at this time sent by me to Dr. Williams, who suggested nothing different.

"From the date above-mentioned, until June 21st, 1859, I lost sight of Miss B. On the latter day, Dr. John S. Flint, of Roxbury, desired me to see her in consultation; and the earliest possible hour was appointed, as Dr. F. considered her condition very critical. He had been attending her for a few days only, she having persisted in going out to work at her trade, until the last moment. She finally became completely exhausted, and was taken to a friend's house to receive proper care.

"I saw her on the afternoon of June 21st, about 4 o'clock. She was sitting propped up in bed, exceedingly emaciated; her nervous movements were painful to witness; the *exophthalmos* had become extreme, and gave her a wild, staring expression, truly frightful. Her vision had been good up to this day; nor had she had any pain in the eyes, throughout. Although for the few days that Dr. Flint had attended her, she had been so weak and uncomfortable that no examination of the chest had been attempted, a hasty one was now suggested, as she seemed stronger, in Dr. F.'s opinion, than on the previous day. On applying the ear over the back, the fine crepitant râle of pneumonia was distinctly heard over a space of about a hand's breadth, low down on the left side. There was some, but not urgent, dyspnoea, and only slight, infrequent cough. She had been very restless during the past twenty-four hours, but was now comparatively easy. A little nourishment had been taken.

"On auscultation over the cardiac region, the sounds of the heart were found to be feeble, yet possessing a certain sharpness; they were tumultuous at intervals, and heard over a wide extent of the thoracic walls—signs apparently indicative of dilatation with irritability. The pulse at the wrists corresponded in character with the action of the heart. Sensation and intelligence were perfect. The patient was much fatigued and excited by even our short examination.

"It was decided that she would soon die, even if not already in the moribund state. No change was thought advisable in the treatment, which, throughout Dr. Flint's attendance, had been most judiciously and perseveringly directed to the support of the patient's strength,

and the quieting of her nervous symptoms. The powers of life seemed to have broken down at once; and stimuli, together with what nourishment she could take, were constantly required.

"A visit was arranged for the next day, with Dr. Flint, but, on my arrival at his house, I learned that Miss B. died at an early hour in the morning. She had gradually failed; refused nourishment; was at times delirious, and became excessively restless; the dyspnoea was greatly aggravated, and death occurred, as stated.

"No *post-mortem* examination was obtained; but, at my request, Dr. Flint accompanied me to the house for the purpose of inspecting the neck, and ascertaining whether there was enlargement of the thyroid gland—one of the no less singular than constant accompaniments of this form of exophthalmos. There was very marked enlargement of the gland, by an even development on each side of the neck, together with noticeable protrusion in front. This enlargement had been remarked by one, only, of her friends during life. The patient had never drawn her physician's attention to it. She was, moreover, exceedingly sensitive in reference to the state of her eyes, and avoided allusion to them as much as possible. After death, the eyeballs were still protruding from between the lids; and it was impossible to bring the latter down to the corneæ. There was no unnatural firmness of the globes on pressure."

Dr. Morland remarked that he had related the case, not only on account of the rarity of the affection itself, but because it seemed important to record all those instances in which heart-disease and bronchocele are conjoined with it. It will be remembered that the patient early complained of palpitation; and this symptom had persisted, more or less. In consequence of the rapidity with which she sank, and the extreme debility attending her last illness, no precise knowledge of the heart's condition could be gained. The auscultatory signs have been mentioned.

The anæmic state of the patient was distinctly pronounced; and every influence which could increase it and aggravate her general ill-health, seems to have been brought to bear upon her constitution. The nature of her occupation necessarily induced irregularity in taking food, and she was, for the same reason, equally unable, as a rule, to select the most appropriate diet. Latterly, moreover, she had undertaken to live by herself, instead of in lodgings, or boarding with others; and the experiment seems to have proved unfavorable. Persons who live in this manner are prone to fall into habits of irregular, improper and insufficient eating; and the fatigue attendant on preparing their own food, is both an element leading to neglect in taking it, and, in addition to that incurred in their daily tasks, soon impairs even a good and sound constitution. There was thus, in Miss B.'s case, every circumstance to aggravate her condition.

Certain interesting items respecting the patient, some of which are here appended, were furnished by Dr. Flint, at Dr. M.'s request.

"He first saw her as her medical adviser in September, 1855. She was then in a very nervous, debilitated condition, and decidedly anæmic. Dr. F. thinks there was, at that time, a 'noticeable prominence of the eyes, which a stranger might readily believe to be their natural condition,' but her friends had begun to notice it as an abnormal state.

"In the summer of 1856, Dr. Flint was again consulted by Miss B. She was 'suffering simply from debility.' Six weeks' residence in

the country restored her so far as to enable her to attend to her business. In the following winter, the prominence of her eyes 'caused very general remark.' In the summer of 1857, 'her anæmic state obliged her to seek medical advice and change of air; attended as before with benefit and partial restoration.' In the spring of 1858, she was under Dr. Flint's care with pneumonia, and her convalescence was slow. She resumed her work in the summer, and continued it through the following winter. In the spring of 1859, 'she was again prostrated by an attack of debility, and after the lapse of a month was out as usual.'

"On the afternoon of Friday, the 17th of June, Dr. F. was called to see Miss B. on account of the attack of illness which proved her last. She was in a state of 'extreme prostration, with labored respiration, rapid pulse, and excessive nervousness.' She had no pain or fever. The other particulars of the case, at this period, have been already mentioned.

"The supervention of the anæmic condition Dr. Flint is inclined to date back, some months previous to his earliest knowledge of her as a patient; and its persistence has been noted. Palpitation and dyspnoea had been at times remarked, and these symptoms were especially noticed after exertion. The 'radial pulsation was uniformly feeble and rapid.' Dr. F. states, that he had never observed swelling of the veins of the neck, with pulsation, although on one or two occasions he had 'noticed their unusual prominence.'

"The character of the exophthalmos has been fully given. Dr. Flint speaks of it—when he first saw the patient—as 'an unusual appearance of both eyes, with a protrusion *directly forward*, which slowly but constantly increased to the day of her death.' One of her intimate friends said of her that 'she slept with her eyes wide open.'

"Dr. Flint thinks it possible that the bronchocele might have been detected, had any examination been made, some two or three years prior to her death. There is nothing, however, by which the date of its commencement can be fixed. If the above conjecture be correct, the period would be consonant with the first appearance of the ophthalmic affection.

"The remarks of Mr. Erichsen (*Science and Art of Surgery*, 1857) in reference to the 'connection between tumors of the thyroid gland,' of this kind, 'and a general anæmic condition of the system,' are quoted by Dr. Flint at the close of his notes of the case to me. Mr. E. says:—'In London, nothing is more common than to find a certain degree of bronchocele in pale or bloodless women and girls; indeed, so frequent is this coincidence, that it is almost impossible not to regard it in the light of cause and effect. Mr. W. Cooper has pointed out the fact that great prominence of the eye-balls is frequently associated with these conditions.'

"The *Lancet* (May 26th, 1849) has an account of cases of anæmic exophthalmos by W. White Cooper, Esq., F.R.C.S., which may be the paper referred to by Erichsen. My attention was called to these by the Secretary of the Society, at the time of reporting the case of Miss B., and before I was aware that the subject had been alluded to by Erichsen. Mr. Cooper's paper is entitled, 'On Protrusion of the Eyes, in Connection with Anæmia, Palpitation, and Goitre.' He states that the affection was first mentioned, under this form, by Sir

Henry Marsh; and adds that Drs. Graves, Stokes, Macdonnell\* and Begbie† have since commented upon it.‡ All Mr. Cooper's patients, but one, were females. The catamenial function was disturbed in all, suppressed in two.§ Under tonics and regulation of the digestive system, with due hygienic precautions, complete recovery ensued in all but two; and 'considerable amendment' is reported of one of these, while the other is said to have had 'every prospect of recovery.' The periods of 18, 12, and 9 months are mentioned as the duration of the treatment in the completed cases.

"Mr. Cooper alludes to Mr. Dalrymple's explanation of the exophthalmic condition. Mr. D. has had several cases, and his theory is expressed as follows:—"The prominence of the eyes is probably due to the operation of two causes. An absence of the proper tonicity of the muscles by which the eyes are retained in their natural positions in the orbit; and some amount of venous congestion of the tissues forming the cushion behind the globes. Such congestions we know to be common in connection with a feeble condition of the circulating system; but in the cases seen by Mr. Dalrymple, as well as those in my own practice, the congestion seemed to be confined to the soft contents of the orbit, and not to extend to the eyeballs. That some of the muscles may be in a relaxed, and others in a morbidly excited condition, was well shown in one of the cases under the care of that gentleman, where the eyes, being greatly protruded, were nearly denuded of the protection of the upper lid by a constant and powerful spasm of the levator palpebræ superioris, which drew the lid so far upward and backward, that much of the sclerotic above the cornea was visible. This spasm of the levator of the lid is not uncommon in nervous and hysterical females, and is frequently associated with other irregular muscular actions, as in chorea. The expression given to the countenance by this protrusion of the globes, and the unnaturally elevated lid, is very peculiar, and the aspect is that of the wildest terror.' (*Loc. cit.*) Allusion has been made to the exaggerated movements of Miss B., resembling those of *chorea*, which affection is above alluded to by Mr. Cooper.

"Mackenzie, writing of anæmic exophthalmos, says that the only *post-mortem* examination recorded, is one by Sir Henry Marsh.|| Dilatation of the heart, especially of the auricles, was extreme, and 'the right internal jugular vein was so much dilated, that, when emptied by puncture, it measured an inch and a half across.' In the case of Miss B. there was every evidence, from the physical signs, of dilatation of the heart to a great extent.

"In the *Edinburgh Medical Journal* for June, 1859, reference is made to the opinions of Græfe upon the exophthalmia observed in con-

\* "Observations on a peculiar form of Disease of the Heart, attended by Enlargement of the Thyroid Gland and Eyeballs." (*Dublin Journal of Medical Science*, Vol. XXVII., p. 200.)

† "*Edinburgh Monthly Journal*, February, 1849. Anæmia and its consequences—Enlargement of the Thyroid Gland and Eyeballs—Anæmia and Goitre—are they related?"

‡ A paper by Mr. Syme, on Anæmic Exophthalmos, and which is referred to by Mackenzie, may be found in the *Monthly Journal of Medical Science*, Vol. X., p. 148, Edinburgh, 1850.

§ Mackenzie mentions that the majority of patients are females. Dr. Watson and other observers note this well-known fact with respect to goitre; and Dr. Copland remarks the nearly constant derangement of the menstrual or the uterine functions in goitrous patients.

|| This was at the date of his last edition (1851). Græfe speaks of one by Proel; and as if others still had been made.

nection with struma and heart-complaint. Dr. Begbie is also cited in the same connection. It is Græfe's belief that simple increase and irregularity of the heart's action are more common in this affection than hypertrophy or valvular disease. He refers the exophthalmos to 'dilatation of the veins occurring during the palpitation,' and to subsequent effusion into the fatty tissue of the orbit. He mentions the disturbed digestion so frequently observed early in the affection, and alludes to the diminished sensibility of the cornea and to its being secondarily diseased. The latter fact he does not think due to 'insufficient protection' afforded by the eyelids, and in respect to the former he remarks that 'only in one case, by Proel, was there found a material cause in the brain—softening of the trigeminus.' Græfe found the disease to be more severe, on an average, in old men than in females; in them it was not connected with any particular diathesis. In 'medium cases,' he found iron beneficial—the pulse being moderate—but this was never the fact in instances of greater severity. Against the exophthalmia, he employed tincture of iodine externally, also 'careful compression, electricity to tone the muscles and the circulation, and even artificial union of the lids. (*Tarsoraphie.*)' (*Loc. cit.* from Græfe's Archiv., Bd. 3., Abth. 2.; and *Prager Vltjschft.*, Bd. i., 1859.

"In the first number of the *Ophthalmic Hospital Reports and Journal of the Royal London Ophthalmic Hospital*, October, 1857, is an interesting and elaborate paper by Mr. Poland, on *Protrusion of the Eyeball*. The concluding case of this valuable communication is entitled '*Protrusion of the Eyes, associated with Enlargement of the Thyroid Gland.*' The patient was 'a young, delicate, unmarried woman,' about 21 years old. She had exophthalmos of two years duration, and it was increasing at the time Mr. Poland saw her. There was nothing unhealthy about the eyes themselves; 'she had enlarged thyroid gland.' Attention to the state of the catamenial function, 'mineral tonics, and the local application of iodine to the enlarged gland,' was the treatment. In six weeks some little benefit was observed to have resulted. A removal from a low and damp residence to one more dry and elevated was advised.

"As Mr. Poland's views upon the causation of the affection are peculiar to him, so far as I am aware, and are entitled to great respect, it has been thought advisable to quote them. He says:—'Enlargement of the thyroid gland does not always cause a protrusion of the eyes, as may be seen, at any time, among the several out-patients in the metropolitan hospitals; but, that it does so at times, cannot be disputed; and we can readily understand the cause. The enlarged gland may cause pressure on the jugular veins, and thus retard the flow of the blood, which would produce cerebral congestion, were it not for the wise provision for the escape of blood from the cranial cavity. The ophthalmic vein is one of the most important ones, and should it have to perform this duty for a considerable length of time, it will, necessarily, become enlarged, and would, of course, tend to render the eyes prominent.' (*Loc. cit.*).

"Dr. Mackenzie speaks of the proximate cause of the protrusion of the eyeballs in anæmic subjects as 'unknown.' He adds: 'A varicose state of the ophthalmic veins may possibly be the cause. This conjecture is favored by the state of the veins of the neck in the case dissected by Sir H. Marsh, and by the fact mentioned by Mr.

Walton, of a patient who could close her eyes only after she had pressed upon them for some minutes with the palm of her hand. A serous effusion into the areolar tissue of the orbit, which is another conjectural cause of anæmic exophthalmos, could scarcely yield to such a degree of pressure, but a varicose dilatation of the veins behind the eyeball might readily do so. The motion of the eyeballs being in general so little affected; it does not appear likely that the cause is an effusion into the ocular capsule. Such an effusion, however, would explain the apparent enlargement of the eyes.'

"The fact of hereditary predisposition to this affection is also recorded by Mackenzie. In one of the patients to whom he refers, in this connection, there was, in addition to exophthalmos and bronchocele, enlargement of the uterus. Chalybeates, cod-liver oil, and frictions with iodine, had benefited the patient's general health and diminished the abnormal enlargement of the uterus.

"Some months since, Dr. Jones, of Bangor, Me., reported a case of bronchocele to the Society. The affection of the thyroid gland was followed by protrusion of the eyeballs; and this instance seemingly confirms the theory of Mr. Poland as to the cause of exophthalmos of the kind considered. In answer to a note of inquiry from me, Dr. Jones has given some details of the case, a summary of which is appended.

"The patient was a married woman, 41 years old, born in Massachusetts, and of healthy ancestry. She had been married nineteen years and had four children. Three miscarriages occurred after taking iodine for the bronchocele, and they are ascribed to the use of the remedy.

"Dr. Jones says: 'Her general health was good until the winter of 1850-1, when she first observed a slight swelling over the middle of the throat, not projecting much, but from one and a half to two inches in diameter. By the advice of a physician\* she took iodine (in the form of its solution, or tincture) from May, 1851, for about three years, in gradually increased doses: so that at one period, of several months, she took twenty-one grains of iodine a day.

"The tumor continued about as when first observed, until September, 1851, when she miscarried for the first time, immediately after which it rapidly increased, and in six months had attained its present size.

"During the rapid increase of the tumor, she was much troubled by palpitations and irregular action of the heart (which occurred especially after, and were apparently induced by, taking the large doses of iodine), as also by a distressing and constant sense of suffocation—which she says "*was enough to make anybody's eyes stick out*"—and during this time the protrusion of the eyes became marked.

"The iodine produced no perceptible change in the tumor, but caused irritability of the stomach, and atrophy of the mammae.'

"The account goes on to mention certain items of treatment, as leeching, the topical use of cold water, electro-galvanism, &c., all of these producing 'no perceptible permanent effect.'

"Dr. Jones describes the tumor as now extending from 'a line connecting the tip of the ear with the junction of the posterior third of

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\* It should here be stated that the patient was not under Dr. Jones's care; he has very kindly taken pains to ascertain the particulars of her case, for my purposes.



the clavicle with its anterior two-thirds on one side, to a corresponding line on the other side; and from the top of the sternum and clavicles to the top of the thyroid cartilage.' Its thickness is apparently two inches or more; it is trilobed, its divisions corresponding with the carotids. A purring thrill exists over the left carotid, and there is a strong pulsation over the whole tumor, principally caused, in Dr. J.'s opinion, by the pulsation of the carotids, but not wholly due to that. A loud blowing sound is heard over the whole tumor.

"A strong bellows-murmur follows the first sound of the heart—most marked at the base, where the normal sounds of the heart are indistinguishable. At the apex of the heart, both sounds are heard; but they are indistinct and prolonged or obscured. She has occasional palpitations.

"The globes of the eyes are very prominent, and their axes slightly divergent. The lids of the left eye are more widely open than those of the right. The sight is good, but easily fatigued. Her general health is much improved since omitting the iodine. Menstruation is now regular, which was not the case during the last two years of iodic medication.'

"Dr. Jones adds: 'The effects of the iodine upon the system are not the least interesting part of her recital; and her suggestion of the suffocation as a cause of the exophthalmos, was at least amusing. Why do the eyes of a strangled person project—if, as is popularly believed, they do?'

"To this query it may be replied, that the turgidity of the blood-vessels of the head and neck, produced by the strangulating force, seems enough to cause the projection spoken of. Scientific as well as 'popular' observers recognize the fact. Chomel remarks (*Elements of General Pathology*), 'The volume of the eye appears increased in some inflammatory fevers, and particularly in cases where an obstacle exists to the flow of venous blood in the vessels of the neck, as in severe anginose affections and apoplexy by strangulation. \* \* \*'

"Mr. Poland's opinion—previously referred to—that bronchocele causes prominence of the eyes, finds confirmation in the condition of these organs in *cretins*—who are almost universally affected with *goitre*—they have what Dr. Watson (*Principles and Practice of Physic*) aptly terms 'goggle eyes,' in addition to their various other deformities.

"In speaking of the treatment of bronchocele, Dr. Watson (*op. cit.*, Vol. I., pp. 810–11, 4th Edition, London, 1857) alludes to the 'very frequent occurrence' of slight enlargement of the thyroid in anæmic young women, accompanied, 'sometimes,' by undue prominence of the eyeballs. He advises attention to the constitutional disease rather than to the local ailment, and says that if the anæmia can be cured the bronchocele will disappear or be greatly diminished. Mr. Cooper's cases, and others, prove that the exophthalmos is equally amenable to similar treatment; and the direct connection of the local affections is thus all the more clearly established."\*

\* In addition to the cases and authors already cited, the careful *resumé* by Dr. Hays, of Philadelphia, in his edition of Lawrence on the Eye, should be referred to. Dr. H. mentions, together with many of those named, Walton (from whose work an excellent illustration representing an aggravated protrusion of the eyeball is given), and also Dr. Isaac E. Taylor, who reported two cases in the *New York Medical Times*, in December, 1852.

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 BOSTON, AUGUST 11, 1859.

AN APPEAL IN BEHALF OF SERVANT GIRLS.—Every physician has frequent opportunities for observing the low standard of health among female domestics, a class which often composes the chief bulk of the young practitioner's clientelage. Apart from the acute affections with which they are, in common with the rest of mankind, afflicted, they are peculiarly liable to many chronic diseases, especially chlorosis, phthisis and dyspepsia. If we consider the influences to which they are subjected, our wonder will be, not that they are so often ill, but that any of them are often well. Of the four great essentials for health—fresh air, exercise, cleanliness and good food—the latter is the only one which they are tolerably sure of obtaining in abundance. As a general rule, girls who "live out" are rarely allowed more than one afternoon and one evening of liberty, and sometimes not so much. With these exceptions they do not perhaps go into the open air at all, unless on the inevitable Monday, when they are expected to hang out the clothes from the wash, often in cold and windy weather, leaving their work, to stand heated in the open air without protecting themselves by additional clothing, indeed generally with bare heads and arms, and the thinnest of shoes, no matter what the temperature be. Their sleeping apartments are commonly low, unventilated and small attic chambers, where two or three occupy one room, rendering the air utterly unfit for healthy respiration in a short time, and giving it that offensive odor and oppressive influence so familiar to the medical man. We have often been painfully struck with the air of desolation and discomfort in these wretched sleeping-places; terribly hot in summer and bitter cold in winter, even in the houses of the rich, contrasting so strongly with the luxurious accommodations of the family below. A fire-place is rarely to be seen, and there being no provision for a supply of fresh air, the same atmosphere must be breathed over and over again, until its proportions of oxygen and carbonic acid have almost become reversed.

Bathing privileges for servants are almost unheard of; but this is not surprising when we consider that even among their masters and mistresses a daily bath is by no means universal. Man is the only animal who does not instinctively keep himself clean. It is only by a process of reasoning, and when the beneficial results are demonstrated in the most undeniable manner, that we consent to do more than wash our faces and hands daily. Once the experiment tried, thank Heaven, the appreciation of the luxury of cleanliness is with most people strong enough to induce a continuance of the habit. We do not recommend that servants' apartments should always be fitted up with bath-rooms, though in some of our palatial mansions this would not be amiss, but a bath-tub is by no means indispensable for bathing. A towel wrung out in a basin of water may be used with excellent effect, and can always be had. Three minutes' exercise with this simple contrivance would do a world of good; nay, if

the wash-stand is interdicted in the garret, or if the neophyte be terrified at the touch of water, even a *dry polish* with a coarse towel is no bad substitute. We think housekeepers would wear a lighter conscience if they would earnestly recommend, enforce, if possible, this important duty, on the domestics under their roof, for whose physical, no less than their moral well-being they are in part responsible.

Daily exercise in the open air is as important for the health as daily food. Servant girls should be sent on errands, or, if there are no errands to be done, they should be sent out to walk, at least once daily; the longer the better, but fifteen minutes' brisk walking daily is better than none at all, and may be the means of saving many a poor girl from a premature grave, or what is worse, from years of hopeless invalidism.

It becomes us to enforce these matters on the attention of their employers, when we are called, as we so often are, to prescribe for female domestics who are suffering from the combined effects of want of fresh air, want of sunlight, want of exercise and want of cleanliness. There are many other wants which must be supplied before this class of humanity can enjoy the full measure of health which all have a right to, but we trust enough has been said to awaken some curiosity, at least, on a subject to which few pay attention, and we hope our brethren will take occasion to repeat these suggestions to those who have the power to remedy the abuses we have described.

NEW AMALGAM FOR PLUGGING TEETH.—In the *Journal de Chimie Médicale* is the formula for an amalgam invented by M. Gersheine, which is thought to possess remarkable properties, both as to its softness when first made and its great hardness afterward, and also as to the facility with which it unites metals and even glass and porcelain. It is susceptible of a high polish, and is not acted on by the weak acids. Take 20, 30 or 36 parts (according to the hardness desired) of pure copper, obtained by precipitating it from the oxyde by means of hydrogen, or from the sulphate by means of zinc parings. Place the copper in a cast iron or porcelain mortar, and sprinkle it thoroughly with concentrated sulphuric acid (density of 1.85), and add 70 parts, by weight, of mercury, stirring continually. When the copper is completely amalgamated, the composition is to be washed with boiling water, to remove the sulphuric acid. It is then allowed to cool, and in ten or twelve hours it becomes sufficiently hard to receive a brilliant polish, and to scratch tin or gold. Its density remains the same, whether it be hard or soft. When it is to be employed as a mastic, it is rendered soft by heating it to about 675°, and then triturating it in an iron mortar, heated to 225°, until it acquires the consistency of wax. In this state, if placed between two clean metallic surfaces, it unites them so perfectly that ten or twelve hours afterward the pieces can be wrought as if solid.

TREATMENT OF CHOREA BY ARSENIC.—In a communication to this JOURNAL, vol. lviii., page 77, by Dr. DAVID RICE, the writer extols the virtues of arsenic, in the treatment of Chorea. A writer in the *Journal de Médecine, de Chirurgie et de Pharmacie de Bruxelles*, in January, 1859, confirms the efficacy of this treatment, as will be seen from the following quotation from his article: "Without pretending, with Dr. Rice, that the solution of the arsenite of potash can be ranked, in respect to its efficacy in chorea, with the sulphate of quinine in the treatment of intermittent fever, we will say that the medicine, in our opinion, is the one which cures this nervous disease in the most prompt and most certain

manner. In 1848, we published an article on the treatment of chorea by Fowler's solution; since then, we have remained faithful to this medicament, for which we have had occasion to congratulate ourselves in the numerous cases which have come under our observation up to the present time."

We would merely remark that the doses employed by Dr. Rice seem to us unnecessarily large. In children, eight or ten drops of Fowler's solution, three times a day, at the commencement of treatment, would be likely to cause unpleasant symptoms in some cases, and it would be safer to begin with a smaller quantity. We may add, that arsenic should always be given on a full stomach.

CHOLERA INFANTUM.—As will be seen from our report on the health of the city during the past week, this disease seems to be unusually severe the present season. At a meeting of the Society for Medical Improvement, on Monday evening, several cases were reported in which the suddenness of the attack, and the rapidity of the course of the disease, were remarkable. We notice that the disease is also very prevalent and very fatal in Providence, R. I., and Dr. Snow, Registrar of that city, very properly calls attention to the importance of sanitary measures during the present season. We may add that great pains should be taken to prevent children from being exposed to cold and damp without sufficient clothing, especially toward night. The absurd custom of dressing little girls in *hoops*, no doubt renders many children liable to the danger of cholera infantum, by exposing the lower extremities.

DR. CALVIN ELLIS, of Boston, is announced as the successful competitor for one of the Boylston Prizes this year. His essay was upon the question—"Tubercle—its Pathology, and especially its relation to Inflammation." We shall look with anxiety for the publication of Dr. Ellis's dissertation, since it will without doubt present the most reliable views and information to be found upon the important subject to which it relates. His opportunities and his ability of improving them are well known; and his views will be a lasting and most valuable acquisition to the profession.

No premiums were awarded to the dissertations upon the other theme proposed, viz., "New and useful views upon any subject in medicine and surgery." The questions for 1860 and 1861 will be found in our advertising columns.

Health of the City.—The mortality for the past week was extremely large, and contrasts strongly with that of the corresponding period of last year (93 against 78). The principal fatal disease was cholera infantum, which numbers 21 victims. There were also 6 deaths from dysentery, and no doubt most of those represented as having died from "teething," *i. e.*, while teething, succumbed from bowel complaints. Of the whole number of deaths, 49 were of subjects under 5 years of age; 6 were between 5 and 20; 20 were between 20 and 40; 11 were between 40 and 60; and 7 were over 60. The number of females was 3 more than those of males. The total number of deaths for the corresponding week of 1858 was 78, of which 13 were from cholera infantum, 15 from consumption, 2 from pneumonia and 2 from dysentery.

CORRECTION.—In our last number, page 22, line 16, for "an allusion," read *no allusion*.

Communications Received.—Compound Comminuted Fracture of the Arm.—Erysipelas, with a Case.—Electricity as a Remedy in Nervous Diseases.

Books and Pamphlets Received.—A Letter to Alexander H. Stevens, M.D., LL.D.—The Action of Medicines on the System. By Frederick Wm. Headland, M.D., &c. (From the Publishers.)—Physicians' Visiting list for 1860. (From the Publishers.)

MARRIED.—At Harvard, 17th ult., Dr. E. A. Hohman to Miss Susan C. Hearsey, both of H.

DIED.—At Palmyra, N. Y., 15th ult., Dr. Alexander McIntire, 65, a native of Cummington, Mass.—At Spring Hill Rectory, Salisbury, M.I., 29th ult., Dr. Wm. Bell White, formerly of Boston, 75.

Deaths in Boston for the week ending Saturday noon, August 6th, 93. Males, 45—Females, 48.—Accident, 1—congestion of the brain, 1—burned, 1—consumption, 13—convulsions, 1—cholera infantum, 21—cholera morbus, 1—dysentery, 6—diarrhoea, 1—dropsy, 4—dropsy in the head, 3—drowned, 1—debility, 2—infantile diseases, 4—scarlet fever, 4—typhoid fever, 1—intermittent fever, 1—disease of the heart, 2—hemorrhage (rupture of bloodvessel), 1—jaundice, 1—intemperance, 1—disease of the knee, 1—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 1—premature birth, 1—smallpox, 2—teething, 7—thrush, 1—tumor (cancerous, in the breast), 1—unknown, 1—worms, 1.

Under 5 years, 49—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 7.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, AUGUST 18, 1859.

No. 3.

COMPOUND COMMINUTED FRACTURES OF THE ARM. AMPUTATION OF THE SHOULDER-JOINT. CASE OF MRS. S. E. SHAW.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT ten o'clock on the night of the 27th of January, 1852, I was suddenly called to the railroad depot in this place, to see some person or persons injured by the train which had just come in. I learned that after the train had stopped, the persons employed about it heard groans, and going back found two persons badly injured lying on or near the track. A third was found upon the platform of the depot, but not badly hurt.

On arriving at the depot, I found my former patient, Mr. Shaw,* lying upon the floor in great agony, but unfortunately in perfect possession of his senses. His left arm was torn off close to the shoulder-joint—the separated portion being fairly ground up into atoms.

Having examined him, I was called into the ladies' apartment, where I found Dr. J. P. Maynard, who then practised in this place, and Mrs. Shaw. She was lying upon the floor. Her left arm was torn off, hanging only by a thread of flesh. Her right arm was broken above the elbow, near the middle of the humerus. There was a compound comminuted fracture at the elbow-joint. Below the elbow were two large and deep punctures, made by some blunt instrument such as a spike, penetrating the bone and causing compound comminuted fractures also. There was a simple fracture of the ulna near the wrist. Thus, there were two simple fractures, and three compound comminuted fractures of this limb; the case so far resembling Mr. Shaw's, in his first accident. Besides this, the thumb was torn off at the root, and the end of the fore-finger was gone. There was a triangular wound over one eye, forming a flap, and penetrating the outer plate of the bone. Above this, on the forehead, was another wound two inches in length, penetrating the periosteum and scraping the bone.

In the mean time, the conductor of the train had sent to Boston for additional surgical aid. He thought it would take a little over

* See p. 513, Vol. LX.

an hour to go and return. Dr. Maynard and myself, therefore—after doing what was immediately required to Mr. S., dressing Mrs. Shaw's wounds upon the forehead, both of which required sutures, and attending to other minor particulars—agreed to await the arrival of the surgeons or surgeon sent for.

It was about two o'clock, more than four hours after the accident, before any one arrived. Dr. John C. Warren was sent for, but his age and health not permitting him to come, the services of Dr. Henry J. Bigelow were obtained.

On his arrival we examined the patients together. Mrs. Shaw's case we considered most favorable. Mr. Shaw's appeared doubtful. The arm torn off so near the body; his size rendering the wound proportionably large; the fact that persons of his make and constitution suffer more than those of spare habit of body, and bear nerve injuries worse; these circumstances inclined to an unfavorable prognosis. On the other hand, my experience of his prompt recovery, in the former case, gave very strong hope for a favorable issue in this one.

We proceeded to operate upon Mrs. Shaw. Amputation was performed by Dr. Bigelow upon the remains of the left arm, leaving a fair stump. The ragged portion at the root of the thumb, and that of the fore-finger, were removed by the knife, and bandages applied. The right arm was bandaged with temporary splints. We then turned our attention to Mr. Shaw. The arm was torn off so near the shoulder-joint, that Dr. Bigelow thought it would be advisable to remove the stump at the articulation—an operation seldom performed, but which has several times been done successfully by Dr. Lewis. After some hesitation, Dr. Maynard and myself consented. The patient was supported in a chair by two assistants. Dr. Maynard administered ether. The disarticulation was very skillfully performed by Dr. Bigelow, little blood was lost, and the patient seemed to undergo it without exhaustion. We then proceeded to apply bandages. Just as we had completed the dressing, sudden syncope took place.

Every exertion was made to restore him. Dr. Bigelow, by placing his mouth in contact with his, labored to inflate the lungs. Respiration and pulsation were restored, and he revived. For some minutes he seemed recovering, but suddenly he again became inanimate, and all further attempts to restore him failed. He died just at day-light. Mrs. Shaw required some further slight attentions. She fortunately continued insensible, and to this cause she undoubtedly owed her life.

On the next day splints were sent out to us by Dr. Bigelow, and applied by Dr. Maynard and myself. Short splints were applied to the arm and fore-arm, and the whole placed in a hinge splint, which admitted of daily motion of the elbow-joint. Dr. Maynard and myself continued to visit her, morning and afternoon, at first in consultation; afterwards I saw her in the morning and

he in the afternoon for about a month—after which I continued my attendance alone.

Things went on favorably, and in about ten days she began to recover consciousness. The stump was healing well. I carefully preserved the length of the remaining arm, and kept the ends of the humerus in immovable contact at the place of fracture. But there had been no redness of the skin, no swelling, no pain; in short, the limb at rest presented every appearance of a perfectly sound one. This state of things continued. She recovered full consciousness; the stump healed well; the simple fracture of the ulna united; and the compound fractures of the fore-arm and the elbow became united and healed in the usual time. The wounds upon the forehead and those of the thumb and fore-finger, did well; but no pain, inflammation or swelling ever occurred at the seat of fracture in the humerus. Though appearing well and sound when at rest, on a slight motion it bent in the middle.

During her convalescence, she suffered from inflammation of the eyes, and severe neuralgic pains. After four months continued application of the splints, it was judged best to remove them daily, to apply friction and other remedial measures to the limb.

In the month of September, I consulted my brother Dr. John C. Warren by letter, describing the case. His answer was as follows, dated September 29th, 1852:

“First—I think the continued application of a bandage would by its pressure prevent union.

“Second—I should make a case of paste-board, or light wood, to support the arm and prevent motion, without making pressure on the arteries.

“Third—If, in three or four weeks, there is no appearance of union, I would pass a seton between the bones.”

The bandages were consequently discontinued, and a paste-board case applied. No change, however, took place. After some time longer I discontinued my attendance, leaving her in charge of her brother-in-law, who had become expert in dressing the arm; and her daughters, who were also able to assist. The application of a seton she was unwilling to submit to, without a longer trial. Neither could I urge it, after what she had already suffered.

About a year after this, all other measures having failed, she applied to me to go with her to Dr. John C. Warren, to ascertain if he would still advise a seton, or if he considered benefit might be derived from any other course. I accompanied her to his house on the 7th of November, 1853, about ten months after the accident. Dr. J. Mason Warren was present at the consultation. Dr. Warren was not now in favor of a seton. He thought it an uncertain and dangerous measure, as it had in some instances produced a fatal result, from constitutional irritation. He advised some slight measures which I have forgotten, but considered the case a hopeless one—one not to be benefited by any surgical means.

Some length of time after this, I went with my patient to the house of Dr. H. J. Bigelow, where a consultation was held between Dr. Winslow Lewis, Dr. Bigelow, Dr. Maynard and myself. After a thorough and deliberate examination of the arm, all agreed that the ends of the bone were in apposition; that the cause to which I attributed the non-union was the correct one, viz., the extent and number of the other injuries—the wounds of the elbow and fore-arm, thumb and finger, and on the other side, that of the stump, drawing off the inflammation from the seat of fracture and preventing the necessary action. It was also unanimously agreed that there was now no probability of union, and no operation of any kind would be desirable.

Her present state is as follows:—The left arm is gone. The right arm has an artificial joint about the middle of the humerus, so as to bend when she attempts to raise the limb, and requires the constant support of a paste-board case. The elbow has become stiff. During my attendance, I kept up the motion of the elbow by daily flexion; but since then, the motion at the place of the fracture, by rendering the elbow-joint useless, has allowed it to become stiff. The rotation of the wrist is lost, and the thumb and end of the fore-finger gone.

By supporting her elbow upon her knee, and bending down her head, she can reach her face with her hand. But she cannot dress herself, and is in fact almost helpless.

She has suffered and still suffers very severely from neuralgic pains in the head, body and limbs. At times she has had numbness in the arm, and other symptoms threatening the loss by paralysis of the little use she has of it.

At the time of the accident, the patients were living in easy circumstances, and some degree of elegance, in Grantville—Mr. S. being in profitable business.

Mrs. Shaw brought an action against the Boston & Worcester Railroad Corporation, for the injuries sustained by herself. It is just terminated, after four trials, in which forty-seven out of forty-eight jurors decided in her favor. The decision was confirmed in June last by the full bench of Judges of the Supreme Court, and the amount (\$24,738) has just been paid to her. This is a larger sum than ever before awarded in a similar case in this State—a slight compensation, however, for the mutilation and physical suffering Mrs. S. has experienced.

Newton Lower Falls, Ms., August, 1859.

ELECTRICITY A REMEDY IN NERVOUS DISEASES.

BY ALFRED C. GARRATT, M.D.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 19.]

To the inquiry, "In what cases, and when, is Electricity a valuable remedy?" we answer that the medical employment of Electricity is indicated, as a rational, and often as the only hopeful treatment to be resorted to:—

1st, To re-establish local, or general sensibility, as well as the special sensibility of the organs of sense—as the cutaneous and proper muscular sensibilities; also some auricular, optical, genital, &c., when either of these are abolished, or simply diminished.

2nd, To restore capability, as well as contractibility, to such muscles, or muscle groups, as are deprived of this power, when the loss of contractibility is in no way due, or rather, *no longer due*, as a symptomatic disease, to a persistent lesion of the cerebro-spinal axis.

3d, To re-establish, through the vaso-motory nerves, and by reflex action, to deranged muscles and organs, their normal type of contractility and sensibility, when either exaggerated, diminished, or perverted.

4th, To restore the normal power and dominion of the will, by changing the nervo-electric polarity of those nerves whose normal function is solely to transmit the orders of the will, to the muscles; through this media put a stop to many cases of recent agitations, choreic movements, spasms, and a large class of otherwise uncontrollable local pains and palsies.

5th, For those cases of functional cerebral derangements of the earlier stage and milder form, manifested by a general want of sleep, or even a wakefulness that continues perhaps for days together, accompanied, it may be, or it may not, by excitability.

6th, For calming down the nerve-irritation in some intractable neuralgia, tic douloureux, flying or fixed neuralgic rheumatisms, and for aiding in breaking up the dyscrasia of chronic periosteal and arthritic rheumatisms.

7th, For hyperæsthesia, not only as it affects the peripheric skin-nerves, but especially that exalted state of a class of muscle-nerves constituting cephalalgia, thoracalgia, epigastralgia, rachialgia, myelalgia (of the limbs), hysterical myoalgia, and those inframammary pains not infrequently presenting in males as well as in females.

That electricity has this capability, *par excellence*, to correct morbid nervous action, and to tone up, or tone down, deranged nerves, in a radical manner, and for permanency, far beyond all other direct medication, is now beyond the slightest question, in the mind of any one who may have watched the practical operations of the different forms of electricity, and the very different effects of those same currents, according to the several methods of apply-

ing them to the anatomy of the human body. This, of course, presumes a definite knowledge of the work to be done, and of the means by which it is proposed to be accomplished:—that is, of anatomy, pathology, and of general medical practice, as well the laws of static and dynamic electricity, as a familiarity with the laws of electro-physiology and the general electro-biological phenomena in disease and in health. To be vigilant in maintaining constant, even-working batteries and apparatus, and to exercise adroitness in their manipulation, are no less essential to uniformity of success. To a certain extent, this can be carried into effect by every practitioner of medicine, who has time and taste for it, if he has any degree of nicety of tact—while to bring about all that electricity is capable of accomplishing, *as a remedy*, is only to be expected in a special practice, where the whole time and attention is devoted to this class of patients, and particularly to this mode of treatment.

By keeping a careful record of the cases presenting for *electrical treatment*, not only of their condition as to extent of deviation from health, and from normal function, at the time they first entered, and the number of *stances* they receive, and the time they are under the treatment, but also noticing precisely the kind of current made use of in the given case, its direction, alternation, interruption, rapidity of repetition, kind of electricity and kind of electrodes used, and the succession of the different forms, if more than one is brought to bear upon the same case, together with the collateral medication, if any, and the exact negative or positive result in each, of some hundreds of these patients, we are enabled, to sum up, advisedly, the following, as yet small and imperfect schedule of the more grave cases, less or more successfully treated.

1st, In sub-acute (!) and in chronic paralysis—local paraplegia, hemiplegia—some with persistent contractions, some with and others without muscular electro-contractility. The first class, of sub-acute, consisted of but a few cases, which we purpose to report fully, were treated simultaneously, or alternately, but mainly by leeching and constant voltaic labile streams. In five cases out of seven, in all, the recovery was in less time than that heretofore allowed for the resolution of the original solution of continuity, always thought necessary for the safe and successful resort to any kind of electricity.

2d, In true cerebral hemiplegia, partial and complete; in some cases from white *ramollissement*, and others mostly from long previous hæmorrhage. The degree of improvement attainable for these, and in others the complete cure, so far as we can see, shows itself after but a very few treatments, in the more favorable cases not only, but very unexpectedly in some seemingly unfavorable ones: while others, promising similar or better results before being tested, were improved very much more slowly, if at all; and many others, of long standing, were treated without any sort of

real permanent good, notwithstanding the repetition of most careful and faithful treatment.

3d. In the so-called *tabes dorsalis*—emaciation and marasmus. The cases recorded under this head—loss of flesh with cough, and pains about the back, thorax and bowels—are from widely different causes and circumstances, but presenting similar actual state of nervous disease: while another larger class, more properly under this head, were caused by excess in venery, as they almost all confessed. The most marked benefit of the *electrical treatment* was shown by lessening in some, by completely removing in others, the many tormenting abnormal sensations, as well as the aches, lameness and pains about the back and loins; improving the gait in walking, and the power of standing, correcting the paralysis of the bladder, and other genital weakness, while the restoration of flesh and strength in very many cases is manifest by the weight, as well as by appearance and capacity for business.

4th, In progressive muscular atrophy. For some cases the improvement, although slow it is true, is real and beyond a doubt, not only for putting a stop to the onward march of the ruinous wasting, but actually restoring the warmth, size and strength of the muscle or limb. One case of this kind is now under prosperous treatment, and was sent to us by the kindness of Dr. Cabot, of Park Square.

5th, In headaches, periodical, hemicranial, brow-ague, and a great variety of head-pains, both neuralgic and truly periosteal. Many of these had proved to be cases of great obstinacy, resisting all medication from the first and best hands for years. Repeated use of the smooth and even stream of galvanism through *reflex action*, seems to be the only permanent cure of these “everlasting headaches.” In a gentleman of the bar, who has been a martyr to this kind of suffering, and is comparatively freed from it by electricity, the headache is apt to return now after any considerable effort, but the attack is lighter and shorter, so that a good cup of tea, or of coffee, will drive it away: whereas, he says, before, it occurred on all occasions and mostly without any sort of assignable cause, but dreadfully after an effort. In females, there also remains a great tendency to its recurrence about the monthly period, but they almost invariably say “they are decidedly less severe, and far more bearable.” They are also of shorter duration. One of the most unimproved of such cases is a Miss B——, who evidently has a gouty diathesis. This patient was referred to us by the kindness of Dr. Reynolds, of Winter Street. Her father was in our rooms to-day, and says, however, “they do think she is on the whole really better.”

6th, In sub-acute and chronic rheumatism—arthritic, neuralgic and muscular. In one case the dropsical state of the knee-joints was completely overcome. By the way, we would here remark that we have seen water in the sac of the scrotum (hydrocele)

rapidly absorbed in two cases, from the effects of electricity alone, without a recurrence as yet of the disease. Stiff and painful joints in chronic and cold rheumatism are improved very surprisingly, as to rapidity, completeness, and permanency, considering the nature of that disease. But cases of neuralgic or muscular rheumatism, affecting the back, shoulders, neck, and upper arms, are by far the most numerous here in Boston, so far as our records show. One such case, Master S——, sent to us by Dr. Townsend, we will mention as presenting the frequent complication of paralysis of the sterno-cleido-mastoideus muscle and fascia of the right side, while there was a permanent *rigid contraction* of the *serratus*, also of the anterior and upper portion of the *trapezius* of the left side, which drew the head over to the left shoulder, deforming the boy's thorax, besides a wry neck. This case is perfectly restored.

UNCHANGEABLE SOLUTION OF PROTOXIDE OF IRON.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS EDITORS,—In introducing to the notice of the medical profession, about one year since, a preparation with the name as given above, we were careful to publish, in connection, its composition and method of preparation, that physicians might see and judge of its value as a therapeutic agent. As it has proved to be one of the most valuable of the iron salts, and the form in which it is presented is pleasant and generally acceptable to patients, we give more specific directions as regards its preparation and preservation.

In its preparation, we take any given quantity of chemically pure protosulphate of iron, and from its solution in water precipitate the protosalt, by the equivalent quantity of carbonate of soda, also in solution. The precipitate is successively washed in cold water, to which syrup has been added, to prevent oxydation during washing, until all traces of sulphate of soda disappear.

The moist protoxide of iron is then dissolved in pure dilute acetic acid, to the point of complete neutralization, and to the clear solution thus formed, sugar is added so as to form a syrup of sufficient density to protect from change.

Care should be observed in selecting pure materials, and in thoroughly washing the precipitate. If the manipulation is skillfully performed, but little change will occur in it, before the protecting influence of the sugar is secured. If too little sugar is added to the solution, it will slightly oxydize upon exposure to air, therefore the syrup should be rather dense to protect perfectly.

Desirous of reducing the sugar to the lowest amount compatible with the protection of the protoxide salt, we find to our

regret that in one or two parcels too little was used, and consequently a pellicle of magnetic oxide formed upon the solution, but not enough to essentially change its character.

Physicians will have no difficulty in preparing this solution with proper apparatus, and the exercise of care.

I have never seen the proto-acetate of iron proposed as a remedy in any medical treatise, and I have not known of its being used, except empirically in a preparation known as "Peruvian Syrup." It is certainly exceedingly prompt and efficacious in its effects, and must be regarded as preferable to the tartrates or citrates, or other salts of the metal.

During the past year, it has been used by nearly one hundred physicians, in various parts of the country, and the testimony is unanimous in its favor.

JAMES R. NICHOLS.

No. 7 Central St., Boston.

REMARKS ON THE EPIDEMIC OF DIPHTHERITE (OR HOG-SKIN ANGINA).

[Translated from the *Gazette Hebdomadaire de Médecine et de Chirurgie* of July 15th, 1859, for the Boston Medical and Surgical Journal.]

BY O. D. PALMER, M.D., ZELIENOPLE, PA.

NOTWITHSTANDING the positive opinions of some authors to the contrary, diphtherite is an affection still but little known. Whilst maintaining this position, it seems to me proper that those who have been called upon to observe it, should make known, not only what they have been able to see particular in the new epidemic, but also the comparative appreciation of the general facts, as they have been observed by themselves, or as they have been learned from others.

In the commencement of this epidemic, with my memory surcharged with the writings most recent and esteemed, and more especially with the original works of M. Bretonneau, I considered myself armed against it; all seeming to me simple and clear. The mode of propagation, contagion, progressive extension; the disease extending from the throat or nasal fossæ into the rest of the organism, at first wholly local, drawn to the exterior, and only affecting the whole system from the external to the internal parts; the therapeutic success, dependent on the energetic application of the wholly surgical means, that is, dependent on the hands of the physician—all was simple, and my only expectation was to have to follow the best models.

My hopes have been betrayed; the perfect image that I awaited, has discovered itself in a very different shape, as will appear from the picture that I am about to trace.

I have seen an affection raging among different populations, attacking at the same time individuals having no communication with each other, without regard to other diseases, with but few rare

exceptions originating from an unknown influence, and seeming to choose its subjects indiscriminately. The disease begins like a severe eruptive fever, in the midst of a large retinue of general symptoms, with considerable tumefaction of the ganglions, even when the false membrane is hardly developed; commencing in the throat, to extend from one part to the nasal fossæ, and from another to the respiratory passages, and sometimes to the digestive apparatus; showing itself also in the auditory conduit, at the vulva, in the vagina, in cutaneous lesions; attacking various points of the organism, without relation to contiguity—the throat with the vulva, the throat with the bronchia, the larynx remaining sound; the throat, then the intestines. These coincidences, indicated by the symptoms, have not been justified by the opening of bodies; but in two cases of tracheotomy, I have been able to demonstrate the absence of false membrane in the trachea, whilst it existed in the bronchia, or was in the state of being formed. In a good number of instances the adventitious membrane has been detached without treatment, or with very little, and as quickly as when cauterizations daily or even more frequently have been practised. This is no hindrance to the re-formation of false membrane, in parts contiguous or remote, and these new attacks have taken place, both when the throat contained the pseudo-membrane adhering, and when *this was completely free*. That is to say, we have observed an affection, originating more from epidemic influence than from contagion, marching, in the manner of the exanthematous fevers, from the circumference to the centre, not always following the way of contiguity, in extending its characteristic products, little susceptible of being arrested in its progress by caustics, but sometimes yielding to the efforts of spontaneous reaction—an indication that we should endeavor to imitate, in furnishing the organism means of sustaining a frequently unequal contest.

All is linked together in the doctrine of M. Bretonneau. Generalizing the facts of incontestable contagion, he admits that in all circumstances the diphtheritic germ is deposited locally, as it is in syphilis. He forgets that with whatsoever part of the skin or mucous membrane the virus comes in contact, it is the throat, amygdalæ, and nasal fossæ, that produce, with some rare exceptions, the first vestiges of false membrane, belonging to this species of *angina*. It is different in this particular from syphilis, to which it assimilates, and which acts at first, and always, on the part where it is applied. There is, then, in all cases, and especially in serious cases of diphtherite, a diseased action internally succeeding to the contagion (when it is caused by this), and subsequently producing a similar disease, as takes place in the eruptive diseases, variola, rubcola and scarlatina, which likewise appear insidiously, and without our being obliged to refer their origin to contagion. May it not be the same in this pseudo-membranous angina? I have offered sufficiently numerous examples

before, and have remarked elsewhere, "its contagion is *possible*; it is not at all *necessary*."

From the full conviction of the development of this disease *internally*, to that of its destruction, at once, by cauterization, is but a step; this step has been taken, and numerous successes are furnished in support of the doctrine. They have been shown, doubtless, in severe cases, but much more often when the cure has either been wholly spontaneous, or obtained by the mildest means. These successes have not been wanting to me, either, though I have confined my cauterizations to the *isthmus of the throat*.

It is, then, by figures, that it will be necessary to resolve this important question, and its solution is required by science. Whilst awaiting, may we not be permitted to adduce the greater success in tracheotomy, since surgeons no longer *cauterize* the trachea after the operation, against the utility of such a practice in the larynx.

With my own experience, and after an attentive perusal of the known facts, I think we are not far from the truth in considering this primarily a general disease, inclined to manifest itself upon the mucous membrane in the same way that the eruptive fevers do upon the skin. Doubtless this view is less seductive, in a therapeutic point of view, than the preceding one; for were it established, we should be left unarmed against this, as we are against the eruptive fevers, all the phases of which we are obliged to submit to, without the beneficial interference of heroic means. But if this is the truth, we must accept it as it is.

Pathological anatomy, chemistry, the microscope, have not as yet afforded very great aid to the study of diphtherite. The first of these, in explaining the internal lesions caused by this disease, has only confirmed, in regard to the interior, what clinical observation had established, in the living, in the parts accessible to view. It has shown, also, the liquid state of the blood, the vascular congestions resulting from this state, and the mechanical asphyxia caused by the false membranes obstructing the air passages. It has examined, perhaps too negligently, the lymphatic system, which appears to play the most important part in this disease.

Chemical analysis and the lens, in ascertaining the fibrinous nature of the false membrane, have still not been able to distinguish it from the *pullaceous covering* that accompanies a pathological state very different from the pseudo-membranous angina.

The chemists and micrographers ought to give us correct examinations of the blood at different stages of the diphtherite. This would probably open the way to a knowledge of the morbid state that certainly precedes a primitive modification of this fluid, before it is essentially altered by the enormous amount of fibrine thrown upon the mucous membrane—a consecutive alteration, that explains so well the hæmorrhages and congestions, the debility so great and so slow to disappear, and those paralyses which hamper convalescence.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 9th.—*Laryngitis; Tracheotomy.*—Dr. J. M. WARREN referred to a case in which he had recently operated with very marked relief, and Dr. JACKSON gave an account of the symptoms.

The patient was a very healthy girl, 28 years of age, and entered the Hospital, under Dr. J.'s care, on the 29th of April. During the night of the 25th she was suddenly attacked with great oppression in the front of the chest, wheezing and cough, having previously had a "cold," with some hoarseness. Symptoms continued, with very little fever, and from the 26th she kept her bed. When seen by Dr. J., on the 30th, there was a sense of tightness at the lower part of the sternum; no tenderness over the larynx, and there had been no aphonia; chest quite resonant and respiration faint, with some wheezing, but no proper râles. There appeared to be little or no constitutional affection, and the case was mistaken for asthma.

In the evening of the 30th, the dyspnoea increased, and during the latter part of the night it became very urgent. At 9½, A.M., on the following day, she evidently had laryngitis in its most dangerous form. She was sitting up in bed and laboring for breath as if her neck had been girt around with a cord; surface sublivid; hands cool and moist; pulse 126, small and feeble; forcible action of all the muscles about the neck in inspiration. Still there was no pain nor tenderness about the larynx, no dysphagia, and the aphonia was not complete.

Dr. Warren, who came into the Hospital just after the patient was found in this condition, was at once sent for, and the trachea was opened without delay; the blood that flowed from the incision being as dark as it would ever be seen in asphyxia. The relief from the operation was marked from the moment that the air entered the trachea, the natural color and warmth was restored, the pulse improved in proportion, and in a few minutes the patient was breathing with perfect ease; seeming only to be exhausted by the great efforts she had been previously making.

From this time she continued to do perfectly well, and on the 8th of May the tube was removed. During the night of the 11th she got up and walked about the ward, barefoot: on the 12th, some pulmonary symptoms came on, and, on the 22d, she was re-transferred to Dr. J.'s care. The larynx had been apparently quite free since the 15th inst., though the opening in the trachea had not yet closed. The recent affection was but a slight one; and, on the 24th, having been refused a request to walk out, she eloped.

[The latter part of this report was made at a subsequent meeting of the Society.]

JUNE 27th.—Dr. MORLAND, referring to the case of wound of the left nympha, in a woman five months advanced in pregnancy, reported by him December 14th, 1858, and in which there was profuse hæmorrhage and a threatening of premature labor—said that the patient had gone her full time and been delivered of a remarkably fine and handsome child, weighing eight pounds.

She was attended, on the 12th of April last, by Mr. F. C. Ropes, one of the Surgical House-Pupils of the Massachusetts General Hospital, and did well in every respect.

JULY 25th.—*Case of Cholera Infantum rapidly fatal.* Dr. MORLAND mentioned an instance of sudden death following rapidly developed symptoms of cholera infantum.

The mother of the child called at Dr. M.'s house to consult him on account of varicose ulcers of her legs, on Friday, July 22d, at about 3 o'clock, P.M. She had her two children with her, both apparently well. The youngest, nine months old, while in Dr. M.'s office, threw from its stomach, without effort, a little liquid of an acid odor; and had once or twice previously done so, that day. It made no complaint, and had neither cried nor expressed a sense of pain in any way. Its eyes were bright, its flesh of natural temperature, and it was considered to be as well as usual. It was a rather delicate child. Dr. M. was astonished to learn from its mother, this morning (Monday, July 25th) that the child was dead and buried. On Friday night, it suddenly became ill, grew worse, and died early on Saturday morning—the symptoms, as subsequently described, being distinctly those of cholera infantum. The family live at some distance, and the mother's expression was that the whole thing was so quickly over—being in the night, also—that “she had not time to send for any doctor.” The case seems worth mentioning, on account of the unusually short duration of the illness, and the extreme suddenness and violence of its accession.

The other child, about two years old, was to-day brought to Dr. M. for advice—it was peevish, restless, somewhat feverish, with a tendency to sleep continually: for the last twenty-four hours it had refused food. Its bowels had been rather costive, but began to show signs of irritability. Castor oil with paregoric was ordered, with strict diet, rest in bed, and a warm pediluvium.

Dr. M. supposed that cholera infantum must be increasing in the city, although the deaths had not attained a very high figure (*seven*, for the week ending July 16th*); he had this morning been called to see another case—the child, about sixteen months old, having been ill since Wednesday, July 20th. It had the disease in its worst form, and, to all appearance, must soon die.†

In conversation with Dr. ROBERT WARE, after the adjournment of the meeting, that gentleman informed Dr. M. that in his dispensary practice he was daily seeing a large number of cases, and that he thought the disorder had made its appearance at an earlier period, this season, than usual.

At a subsequent meeting, Dr. COALE alluded to three cases of this affection in which the progress of the disease was extremely rapid. One was that of a stout Irish child, a year old. He was called to see it at 9 in the morning; and it was then moribund. It was well at midnight.

In another case, a child was brought to his office between 3 and 4 o'clock, P.M., then suffering from diarrhoea, but without vomiting. He called to see it on the same evening, and found it dying, having had the symptoms of cholera only about four hours.

In a third case the symptoms were equally urgent, but with prompt treatment the patient recovered. He was called to see the child at 1,

* By the Registrar's report—observed the day after relating the above case—the deaths by cholera infantum for the next succeeding week, or that ending July 23d, are nearly double those of the former, being 13.

† Death took place a few hours subsequently.

P.M. At 12, one hour before, it was playing about the house. Six or eight grains of calomel brought away a bilious discharge, and the patient recovered.

JULY 25th.—*Strangulated Inguinal Hernia; Apparent Reduction; Persistence of Symptoms; Operation; Death.* Case reported by Dr. HODGES.

On Sunday, July 10th, Dr. Z. B. Adams was called to a healthy and temperate Irishman, about 48 years old, who, the day previous, whilst lifting a heavy weight, had ruptured himself. The rupture was small and easily reduced, so that the finger entered the canal. Dr. Adams prescribed some opium, but the friends, on Monday and Tuesday, gave the patient various cathartics, which caused severe colic. On Tuesday, at 12, M., Dr. Adams found him vomiting and in much suffering, with his hernia again down; this was reduced a second time, and on Wednesday, the colic, tenderness and vomiting had disappeared. After Dr. Adams's visit, and in spite of all his cautioning, the friends of the man administered a dose of salts. On Thursday morning he was found in great pain, with tympanitis and tenderness over the lower part of the bowels, an anxious expression, feeble and rapid pulse, cold hands and feet, and stercoraceous vomiting. He made frequent ineffectual attempts to defecate, but his bowels, which were costive for a day or two before the accident, had not been moved since. At 9, A.M., when Dr. H. saw him with Dr. Adams, his condition was as just represented. On examination, no hernia could at first be found, but on comparison of the two sides, a very small tumor was thought to be felt on the right, partly covered and obscured by the cord, which was of large size. As hernia had existed at that point, and symptoms of strangulation were so marked, an operation was performed, as the patient's only chance. A direct inguinal enterocele was found, not larger than a pea. The sac contained no fluid; when opened, the intestine was of a dark-chocolate color, but without any gangrenous odor. It was easily returned to the peritoneal cavity. On coming out from the effects of the ether, brandy and water and solution of morphine were given and repeated from time to time, but the patient's condition did not improve, and he died at 2½ o'clock, about five hours after the operation, and six days after the rupture took place.

Bibliographical Notices.

Love ("L'Amour"). From the French of M. J. Michelet, of the Faculty of Letters, Chief in the Historical Section of the National Archives, Author of a History of France, &c. &c. Translated from Fourth Paris Edition, by J. W. PALMER, M.D., &c. &c. New York: Rudd & Carleton, 1859.

This is a remarkable book. It is not to be wondered at, that in Paris it made the young ladies, and old ones too, of a certain age, start. What it will do with the Misses Grundy of our own ilk, who can guess? It is a medico-physico-erotic treatise, in which the natural and unnatural history of Love is given without gloves. It deals mainly with young ladies between the ages of fourteen and forty-five, about thirty years, or half of average female life; and what happens

to woman in that period is simply, plainly, openly told. The book indulges in no technicalities. Generation, maternity, and the periodicals, are treated in the most popular style, and after a manner and with the affixes and suffixes, which leave nothing for fancy. It is a book of intense interest. The woman of whatever age will read it with all of attention her ordinary life of dress and display may have left to her. Woman—we use the word generically—owes a great deal to the author of "Love." He knows that of which he speaks—what it is, and what it is not. He states fairly what is the social and individual claim of woman; and there is no man, who is a man, who will not say, from his very soul, it is a claim which must be allowed. How large and how deep is woman's obligation to M. Michelet! He has come to his subject fitted at all points for his great work. He has his defence—if such a word should be used by such an author—in the importance of his theme—its intellectual, moral, social, religious, individual importance. He only, of all before him, can be said to have *treated* his subject. He has possessed himself of it, as the trained wrestler of old did of his, and he has done his great work. It has the interest of a novel—and is it not *new*? It is written with the freedom and richness of manner with which important themes always clothe themselves. You read, from title-page to colophon, hardly knowing when you began, and why you have stopped. Johnson advises, that he who would read Macbeth, to understand it, should first read it not as a disciple—as one to be taught, a *discipulus*—but at a heat, and right on—nor stop to ask what this or that means, but to let the inspiration, so to speak, pour into him as he drives rapidly along; and afterward let him sit down and give his own thought to that of the divine author—yes, in *subjective* simplicity and truth, become, if not *the*, in some sense *as* that *author*, that master. So you will and must read "Love." You will not stop till it is all over. You may ask, how could a man have told such secrets of the deep mystery of woman? How did he reach them? Should he have put them there in black and white? Is it right? It will be read as was Jane Eyre. Who ever stopped to take thought or breath when reading that wonderful, that terrible book? Said a friend, "I took it up with my elbow on the mantel-piece and began to read, and I did not move that elbow till I had read the last word." Speaking of this work of Currer Bell, a question arose with us, Was its author a man or a woman? We answered at once, "A man never wrote it—a man who was ever in love. He would have shrunk intuitively from such a terrible breach of promise, which no law could reach, and the disclosure of which would thrust him from the pale of humanity." No, a man never wrote Jane Eyre. So of this book of Love itself, had not its author's name come with it, would it have been credited that a man wrote it? Whence his knowledge of woman's history? Whence such knowledge of such history? Medical men as we are, we think we could not have written such a book; certainly we can hardly make up our minds to believe that we could have spread such facts before the world, whether of Paris or of Laputa,—told such secrets.

Is it for the parlor table? The Mrs. and Misses G. must answer that question. Is it for mixed talk—of ladies and gentlemen, &c.? We talk of Love, in the abstract. How will its concrete serve? A dictionary will help its study to *one* of Love's parties, if upon the whole it is best to *know* much about it. With our Uncle Toby—how

we *do* love him—Love was a *sentiment*, not a *thing*, and how do we all know both *it* and *him* (not to allude to the *furunculus*) without a glossary—without one look at the widow's eye—without even the Corporal?

We have called the attention of our readers to this work, because it is eminently one of hygiene. It is in this view of it that it addresses itself not to the profession only or chiefly, but to all classes of readers, since all may and will be most usefully instructed and helped thereby. It is novel in its plan, in its objects, and in its execution. It is by one of the most distinguished men of his age. He does not tell us how, by what means, or why, he wrote his book. It shows he has not confined himself to man as a political or historical being—of states, empires, revolutions; but has in man's highest social and moral relations—as the creator of his own best happiness, and his own worst misery—found a theme worthy of his fine intellect and true heart, and in love of woman and of man has given to the world the result of his labors. As a profession, physicians are under special obligations to our gifted author for his latest—is it not his best?—most important work.

Let it not be gathered, from what we have said, that we agree in all things which M. Michelet says. From his views of the practice of midwifery, and the “medication of the body,” we entirely dissent. They are poetical in the highest degree, but not hence the more wise or the more true. They may apply to France, but they certainly do not apply to the Continent—to Great Britain, or to America. It is singular that there have been throughout all France, through all its history, but one Boivin and but one Lachapelle. We do not believe that, even for the meridian of France, a father is, from his relation to his family, its best physician; or that the husband is “the best doctor for his wife”—whether for diseases of menstruation, or during “confinement”; and yet, if you adopt the doctrine of our author, he is so. We are sorry that there is so much false reasoning in a book which has in it so much that is good, and so much of it of useful application.

W. C.

Hints to Craniographers, &c. By J. AITKEN MEIGS, M.D., &c.; Philadelphia; 1858. P. 8.

This pamphlet is an appeal to the officers and members of the various ethnological societies, and to individuals and others possessing collections of crania, to interchange catalogues of their collections, in order that the statistics of craniology may be promulgated, duplicate crania exchanged, and the science of ethnology advanced. Dr. Meigs proposes that the catalogues should be forwarded to the principal ethnological or other scientific societies of different countries, which, acting as central depots, may disseminate the information obtained.

An outline of the history of the science of ethnology is also given by Dr. Meigs, and a brief notice of the principal collections of crania in the world, of which it appears that that of Dr. Martin, now belonging to the Academy of Natural Sciences of Philadelphia, is the largest, containing about 1100 crania, representing more than 170 different races and tribes of the human family.

Craniology is the foundation of ethnology, and we trust that all

having collections of crania will read Dr. Meigs's pamphlet, and act upon his suggestions, in order to promote this most interesting and important science.

Woman, her Diseases and Remedies ; a Series of Letters to his Class.

By CHARLES D. MEIGS, M.D., &c. Fourth Edition, revised and enlarged. Philadelphia: Blanchard & Lea. 1859. 8vo., pp. 706.

IN the preface to this edition of his work, Dr. Meigs says that he has introduced many things formerly omitted, and erased others no longer needful ; and that he has faithfully endeavored to improve the style. In our judgment many faults of style still remain, but the long experience and well-known ability of the author have enabled him, notwithstanding, to present a book replete with valuable information ; and even the peculiarities of its style will recommend it to some, who would find a plain treatise on the diseases of females less attractive.

Urinary Deposits ; their Diagnosis, Pathology and Therapeutical Indications.

By GOLDING BIRD, M.D., F.R.S. Edited by EDMUND LLOYD BIRKETT, M.D., &c. A new American, from the Fifth London Edition, with eighty Illustrations on Wood. Philadelphia: Blanchard & Lea. 1859. 8vo., pp. 382.

THE present edition of Dr. Bird's work, which may be considered the most valuable one on this subject in our language, has been prepared by a competent hand, and will be found to contain all that is known on the appearances presented by the urine, and the therapeutical indications to which they give rise. We need hardly say that the work is indispensable to the student and to the physician.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 18, 1859.

HYGIENE OF DRESS :—LADIES' WATER-PROOF CLOAKS.—“*Aquæ Scutum*”—literally, a shield of water—the most unlikely thing in the world, we should say, to afford protection, buckler-wise ! The only form in which the aqueous element could be used as a shield, would be that of ice, which, on account of the inconvenience arising both from its weight and its property of benumbing and otherwise rendering useless the shield-bearer's fingers, is not very likely to come into general use in the way indicated. The price of the article will not, therefore, rise on this account, nor will there be any scarcity of it before the sherry-cobbler season is over.

“*Aquæ scutum*”—it seems that, after all, this watery shield is not water at all, but cloth, yes, veritably a texture of the loom ; and, what is more note-worthy still, it is water-proof—antagonistic to the element, instead of being composed of it. The vendors of the article and of the jaunty little cloaks, with their fascinating hoods, so becoming—as we think—to the pretty faces nestling behind them, must be more careful of their Latin. They must either be at charges for a classical teacher, or else adopt their own language, where there is

less likelihood for somewhat ludicrous mistakes in nomenclature. If we might suggest, we would say—if Latin *must* be used—that *Scutum contra aquam*, or *contra imbrem*, would be a more correct name for the water-proof cloak now so fashionable for lovely and sensible promenaders in crinoline. Sensible they are, because to go out in all weathers, fearlessly, is sensible—and the shower-shield or rain-buckler will generally enable them to do it; as for the loveliness of *all* the wearers of the gray and brown cloaks, who dares to dispute it? *Ca-vete, si audeat!*

Leaving philology and the appreciation of the beautiful, we have a serious word to say as to the *dimensions* of the “Scutum.” As generally—we may safely say universally—worn, the garment protects only the head, shoulders, and the body until within from one to two feet of the pedal extremities. Why not prolong the cloak, so that it reach the extremity of the dress or skirt, and thus prove an entire, instead of a three-quarters shield? Unless we are mistaken, the lower portions of a lady’s dress must be worse off when the too short water-cloak sheds tears, as it were, at its own short-comings, or allows those of Heaven to fall still more directly upon snowy skirt or previously untarnished silk. Then, too, the horror of having taper ankles wetted through and through by droppings from a pretended shield! Visions of colds, coughs, chills, consumption and countless cognate causes continually concurring to carry off youth and beauty from us, distress our waking, and even our sleeping hours. Let the shield be lengthened, until its border meets the middle of the leg of the rubber-boot—then, even if the cloak do not look *quite* so “genteel” and captivating (although why it will not, we do not see), it will be more truly a protection—a shield—a buckler; yes, even—horrible as is the word—a “*Scutum!*” See to it, ladies, we entreat!

BOARDING-HOUSES FOR YOUNG WORKWOMEN.—Women who live (if it can be called living) by sewing, in large cities, often find it difficult to procure good accommodations which are not at too great a distance from the workshops where they spend the greater part of the day. This has become a serious evil in New York. Young girls are sometimes obliged to occupy crowded, ill-ventilated and dirty rooms, in a part of the city where respectable females are hardly safe from the vicious influences by which they are surrounded. We are glad that an effort is making in that city to establish large female boarding-houses, to be constructed with reference to the health and comfort of the inmates, and to be managed by philanthropic persons, under whose care the young women would be protected from the dangers to which they are now exposed. Such an establishment is much needed in New York, and its success would bring health and happiness to thousands of girls who are now pining for air, cleanliness and decency, in the vile garrets of the old parts of the city. The late Horace Mann, when once asked where he lived, replied, “I don’t *live* anywhere, I board.” Boarding, under the best circumstances, is a melancholy existence to those who have experienced the comfort of home; but these poor female boarders are entitled to more than usual compassion. We attempted, a few weeks ago, to point out some of the evils to which they are subjected while at work. It seems hard that they should be deprived not only of the ordinary comforts, but of the essentials of life, when their work is over.

THE WOMAN WITH THE PIG'S HEAD.—The *Courier*, to whom the community is so much indebted for its efforts in exposing impositions of every sort, has itself been humbugged in an amusing manner. It gravely announces that a monster having the figure of a woman, but the head and arms of a pig, “no mere human resemblance, but the absolute fact,” has been seen travelling in a public conveyance, near Quebec. She was closely enveloped in a cloth, but with the obstinacy so characteristic of the porcine race, she opposed the efforts of her attendants, who were striving to conceal her from public gaze, and succeeded in displaying herself, to the horror of the passengers. Moreover, the *Courier* gravely states that “it is known” that a similar creature lived in Albany, only in this case the arms were human; “the head was in every respect that of a pig—no particular was wanting—ears, bristles and even tusks, all were there.” The *Courier* has fairly been caught napping. What, tusks on a female head! It was, then, a boar's head on the body of a human female! We have known several men who were remarkably pig-headed, though we are too polite to apply such an expression to those of the fair sex who possess unusual strength of will; and we have also seen not a few who might be said to possess an ass's head, but that a human being should be thus physically “translated,” like Nick Bottom, is, of course, an utter impossibility. And yet such is the love of the marvellous, that no statement, however preposterous, whether concerning the “Woman who lives without eating,” or Hedgecock's quadrant, or the woman with the pig's head and legs, fails to find believers among men who in other respects are intelligent and sensible. We dare say there are such who would believe in the Kentucky mythological creature, who was “half horse and half alligator, with a touch of the airthquake,” provided the story came “from an authentic source.”

INHALING BOTTLE.—Mr. La Forme, of this city, has shown us a bottle for inhaling medicated vapors, and which he calls his “Inhalor”—we should prefer to see this word printed inhaler.

This apparatus seems to be convenient, but we do not see that it possesses any marked advantage over the simple inhaling bottles which any one of common ingenuity can easily make. It is, however, of suitable shape and size, and may be had with a flexible tube if desired. We must say that we should prefer *glass* to metal, for the substance of which the tubes are composed. Many substances from which medicated vapors are evolved, will act upon metals; and the inside of the metallic tubes cannot be so readily and thoroughly cleansed as that of the glass tubes. The top of the “Inhalor” can be unscrewed, however; which affords more facility for cleaning.

We have seen a model for an inhaler, which, by reason of its broader and flatter form, furnishes a much larger surface from which to produce vapor. The shape is not unlike that of a nipple-shield—a flattened, rounded disc, with the bent inhaling-tube springing from its centre. This particular form is a modification, by Dr. G. H. Lyman, of the inhaler of Dr. Bowditch. We think it offers several advantages over those otherwise shaped.

DR. R. L. REA, formerly Demonstrator of Anatomy in the Medical College of Ohio, at Cincinnati, has been appointed to the chair of Anatomy in Rush Medical College, Chicago.

ON THE MANNER OF STOPPING THE PULSATIONS OF THE RADIAL ARTERY AT WILL.—When the forearm is, either actively or passively, extended on the arm in an exaggerated degree, the pulsations of the radial artery cease. This fact every one can ascertain for himself; and M. Verneuil explains it by a compression of the aponeurotic expansions of the biceps and brachialis anticus upon the vessel. Advantage might be taken of these circumstances in hæmorrhage from the hand or wrist; in the ligature of the radial or ulna arteries and their branches; or, lastly, in aneurism of the forearm. A weight might, in such cases, be fixed to the hand; or a splint be fixed on the dorsal aspect of the limb, with a pad against the elbow, so as to enforce exaggerated extension.—*La Presse Médicale Belge*.

THE Legislature of New York has incorporated a Preparatory School of Medicine in the city of New York. The following are the Lecturers:—on Surgery, John O. Bronson, M.D.; Midwifery and Diseases of Women and Children, Chas. A. Budd, M.D.; Chemistry and Toxicology, Bern L. Budd, M.D.; Legal Medicine, Hon. John H. Anthon; Physiology and Micrology, Charles K. Briddon, M.D.; Botany and Materia Medica, Geo. Thurber, M.D.; General and Special Pathology, Geo. A. Quimby, M.D.

The Faculty are empowered, under certain restrictions, to confer the degree of Bachelor of Medicine.—*Chicago Medical Journal*.

RUSH MEDICAL COLLEGE.—The arrangements for filling the vacancies in the Faculty of this institution are completed. The professorial corps is as follows:—Surgery, Dr. Daniel Brainard; Chemistry and Pharmacy, Dr. J. V. B. Blaney; Surgical Anatomy, Dr. J. W. Freer; Obstetrics, Dr. De Laskie Miller; Theory and Practice of Medicine, Dr. J. A. Allen; Physiology and Pathology, Dr. A. S. Hudson; Materia Medica, Dr. Ephraim Ingolls; Descriptive Anatomy, Dr. Robert Rea.—*Nashville Journal of Medicine and Surgery*.

THE SEVENTH ANNUAL MEETING of the "American Pharmaceutical Association" will be held in this city on Tuesday, the 13th day of September next, at 3 o'clock, P.M.—The Clinical School in connection with the Medical Department of the University of Michigan has been suspended, says the *Peninsular and Independent*.

HEALTH OF THE CITY.—The number of deaths last week was 6 less than during the preceding one, and of the whole number, 5 were the result of casualties. Cholera infantum is on the increase, the victims to that disease (30) being 11 more than for last week. Forty-one of the deaths were in subjects under a year old, and 56 were under five years. The deaths of males were 25 more in number than those of females. The total number of deaths for the corresponding week of 1858, was 81, of which 11 were from consumption, 20 from cholera infantum, and three from pneumonia.

Communications Received.—On Topical Applications to the Cervix Uteri in Sympathetic Vomiting from Pregnancy.—Treatment of the Nausea and Vomiting of Pregnancy.—Hernia cured by Seton.—Case of Monstrosity.—Case of Emuresis.

Books and Pamphlets Received.—A Practical Treatise on Enteric Fever, &c. By James E. Reeves, M.D.

MARRIED.—In this city, 9th inst., Dr. H. E. Davidson, of Gloucester, to Mrs. Sarah M. Chamberlin, of Boston.—At North Cambridge, 8th inst., Dr. John D. Mason to Miss A. Augusta Allen, of Cambridge.—At Groton, 9th inst., J. Q. A. McCollister, M.D., to Miss Georgianna L. Hunt, both of Groton.—At Worcester, 6th inst., Dr. H. W. Buxton to Miss Lydia M. Harrington, both of Worcester.

DIED.—At Ludlow, Aug. 5th, Dr. Washington B. Alden, aged 60.—In New York, July 31st, David Sands, M.D., in the 47th year of his age.

Deaths in Boston for the week ending Saturday noon, August 13th, 87. Males, 56—Females, 31.—Accident, 1—Inflammation of the bowels, 1—disease of the bowels, 1—bronchitis, 1—Inflammation of the brain, 1—disease of the brain (abscess), 1—burned, 1—consumption, 12—convulsions, 1—cholera infantum, 30—dysentery, 1—diarrhoea, 1—dropsy in the head, 3—drowned, 2—infantile diseases, 5—puerperal, 1—erysipelas, 1—billous fever, 1—scarlet fever, 1—typhoid fever, 2—gangrene facialis, 1—disease of the heart, 1—manition, 1—disease of the kidneys, 1—marasmus, 2—old age, 1—palsy, 1—smallpox, 2—strangled (by a piece of meat), 1—teething, 1—tumor, 1—whooping cough, 3.

Under 5 years, 55—between 5 and 20 years, 7—between 20 and 40 years, 12—between 40 and 60 years, 6—above 60 years, 6. Born in the United States, 72—Ireland, 10—other places, 4.

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No. 4.

ON TOPICAL APPLICATIONS TO THE CERVIX UTERI IN SYMPATHETIC VOMITING OF PREGNANCY.

[Read before the Norfolk District Medical Society, and communicated, by vote of the Society, to the Boston Medical and Surgical Journal.]

BY E. D. MILLER, M.D., DORCHESTER.

I WOULD ask the attention of the Society, for a few moments, to a report of some cases of sympathetic vomiting of pregnancy treated by topical applications to the neck of the womb.

As I wish to direct your attention more particularly to the morbid condition of the uterine organs, and the results following topical applications, I shall omit the general treatment adopted by myself, or at the suggestion of eminent counsel, and also the symptoms, excepting those indicating the severity of the affection and its rebelliousness to treatment. Should the facts and principles, as shown in these cases, be confirmed by future observation, they will establish a more rational and philosophical treatment than is now recognized by the profession.

CASE I.—Mrs. S., a young woman of good constitution, was married in November, 1855. Had her courses on the 18th of December, and began to be troubled with nausea the last of January, 1856. The first vomiting occurred in the evening of February 5th, and went on increasing, so that by the 27th of the month she vomited six and seven times a day, and was confined most of the time to the sofa. The 3d of March, kept her bed. Up to the 23d of the month, a period of nearly three weeks, the vomiting was constant and uncontrollable, rejecting all nourishment, and inducing a degree of exhaustion that almost precluded the hope of a favorable termination, even by bringing on abortion.

It was now proposed to make a direct examination of the uterine organs, though neither the previous history of the patient nor her present symptoms (aside from the vomiting) indicated local disease. On examining digitally, I found the vagina relaxed, cervix voluminous, *very tender* and retroverted. By the speculum—vagina much more florid than is usual in the first months of pregnancy. Cervix enlarged, very much congested, of a deep mahogany color.

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The exhausted condition of the patient forbidding depletion, I decided to paint *freely* the cervix and upper part of the vagina with the ethereal tincture of iodine,* having frequently seen the good results of it in inflammatory states of the cervix under other circumstances. The better to test the effect of the iodine, other remedies were discontinued. The first application was made on the 23d of March. The next day the vomiting was less, and the iodine was again applied. The 25th, found the patient so comfortable that the application was omitted. 26th, applied the iodine, the vomiting being only occasional. It soon ceased entirely, and so rapidly did she regain her strength, that on the 10th of April she came down to dinner.

From this time she had no further trouble, and was safely confined on the 13th of September.

CASE II.—March 19th, 1856, I was called to Mrs. K., a young and healthy woman, three months advanced in her first pregnancy. She had been troubled for some time with nausea and vomiting, which of late had so much reduced her that she was forced to keep her bed. I had been trying various remedies, the failure of one giving place to another equally as powerless, when the result of the preceding case led me to propose a direct examination of the uterine organs, which revealed a similar condition to the previous case, but less strongly marked. Internal remedies were discontinued, and the cervix and upper portion of the vagina *freely* painted with the iodine. Two or three applications were followed by entire relief.

This case might have been self-limited, though I saw no reason why, in time, it might not have proved as obstinate as the first.

CASE III.—March 13th, 1856, I saw, in consultation with Dr. Holmes, of Milton, Mrs. G., who was suffering from the same affection. Some twelve days subsequently I addressed a note to Dr. H., briefly stating the result of the two cases in which the topical application of iodine had been made, and suggesting a trial of it in the case of Mrs. G. I will read the reply of Dr. Holmes to my request for a brief history of the case. You will notice his allusion to another case in 1858.

Milton, May 17, 1859.

DEAR DOCTOR,—In answer to your request, I send you a brief sketch of the two cases of sympathetic vomiting, in which the topical application of the ethereal tincture of iodine was followed by complete relief. I saw Mrs. G. on February 9th, 1856, about the sixth week of her first pregnancy; she had constant vomiting, after taking solids or liquids, and much prostration. These symptoms continued, and increased in severity, six weeks, the last three of which she attempted no nourishment by the mouth. At this time, in consultation with a

* R. Iodine, from half a drachm to a drachm; sulphuric ether, one ounce. Mix. I have used this form of iodine for more than ten years. Many of the Society, as well as other members of the profession to whom I have communicated the recipe, can attest to the vast superiority of the ethereal over the tinctures of iodine, in various inflammatory affections, and especially in erysipelas.

gentleman who is considered among the best authorities in the State, hydrocyanic acid and abortion were advised. Her extreme prostration rendered the latter an almost hopeless resort, and at the time of the adoption of the former I heard and acted upon your suggestion of the application of iodine to the cervix uteri. Relief followed so rapidly that in three days the stomach bore nourishment well, and no further trouble of the kind occurred afterward. I regret the use of the acid at the same time with the local application, as I have good reason to believe the sudden alleviation of symptoms was due to the latter.

Another case, similar in all respects, occurred to me in 1858, in which the application of the iodine to the cervix and vagina was followed by complete relief, and no other remedies were used.

Very truly yours,

C. C. HOLMES.

E. D. Miller, M.D., Dorchester.

CASE IV.—September 14th, 1858, I was called to Mrs. B., a delicate and slender woman, two and a half months advanced in her first pregnancy. The nausea and vomiting were almost constant, night and day; had existed with considerable severity for two or three weeks. Continuing to prove rebellious to treatment, I made a direct exploration of the uterine organs, which revealed the cervix tender to the touch, congested and hypertrophied. The iodine was applied as in the preceding cases, on the 17th, and again on the 22d, 24th, 27th and 30th of September, when the vomiting had entirely ceased. She rallied slowly, and I continued my visits until the 16th of October. On the 30th of October she aborted, after a fatiguing day in the city.

Since writing the above, I learn that this patient conceived again last March, and had a similar attack of nausea and vomiting, which did not yield until her physician (into whose neighborhood she had moved) adopted a local treatment.

CASE V.—March 28th, 1859, I visited Mrs. G., in consultation with Dr. Aten, of Dedham. I condense from the report of the case kindly furnished by Dr. Aten, at my request.

“Mrs. G., three months advanced in her second pregnancy, sent for me in the night of the 22d of March. Had vomited quite frequently for six weeks preceding, and for the past three days almost constantly. Was greatly exhausted, restless, and unable to retain the simplest nourishment. On the 26th, I called Dr. Stimson in consultation. Afterward I administered the nitrate of silver, as recommended by Dr. Channing, of Boston, in a recent number of the Boston Medical and Surgical Journal. Abortion now seemed to be the only alternative, but fearing that, in her extremely exhausted condition, it would prove fatal, I called you to advise with me as to its practicability. It ought to be mentioned, that for eleven days the patient took no nourishment by the mouth. The only temporary relief was from injections of half-grain doses of morphia.”

A history of Mrs. G.'s case indicated uterine disease previous

to conception. A vaginal examination revealed inflammation, hypertrophy, and ulceration of the cervix and cervical canal. The morphia was discontinued, the ulcerated surface cauterized with the solid nitrate of silver, and the whole cervix and upper part of the vagina *freely* painted with the ethereal tincture of iodine.

The first application was made at 10, A.M., on the 28th of March, and no vomiting occurred till 9, P.M., and only three times until 10, A.M., the following day. Under the daily application of the iodine the vomiting rapidly decreased, and at the end of a week had ceased entirely. She was now able to eat and sleep, and soon regained her strength.

REMARKS.—Comment may perhaps seem unnecessary; still I cannot avoid calling your attention to the practical bearing of the facts elicited.

In looking over the uterine history of these patients, we find but one presenting symptoms of previous local disease. They were, with one exception, primiparæ. In all, there was well-defined inflammation of the cervix, though not equally marked. Does not this fact, taken in connection with the rapid subsidence of the vomiting under the free topical application of iodine, after the failure of other remedies, demonstrate conclusively the *morbid condition of the cervix to be the true proximate cause of the severe and uncontrollable vomiting?* The physiological state of pregnancy becomes changed, by the morbid action of the cervix, into a pathological condition. If this be so, it follows, as a matter of course, that the condition of the uterine organs should be *early* ascertained by a direct exploration, as the basis of treatment. If no lesion exist, the cause of the vomiting must be sought for elsewhere; but if, on the contrary, morbid action is found to be going on, it must be combated by local means, whether they be leeches, anodyne ointment, or the ethereal tincture of iodine, not omitting such general treatment as the state of the patient may require.

NOTICE OF A CASE OF ENURESIS, WITH A DETAIL OF THE TREATMENT, AND REMARKS.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL, NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

INCONTINENCE of urine, most frequently the result of disease, does occasionally present itself as a bad habit, for it may be overcome, rarely it is true, by judicious personal correction, conjoined with the precautions of limiting the quantity of fluid previously to going to bed, and arousing the child to pass the urine a few hours after having been in bed. When existing as a real disease, or the most urgent symptom, it may proceed from various causes, the most common of which are, irritation, or inflammation of the mucous

membrane of the bladder, a paralytic condition of the same, or an unusual acidity of the urine. Sudden fear will often produce it, while it is an ordinary symptom of the presence of a stone in the bladder. I consider it needless to specify the various remedies recommended as most generally successful, my main object being to report the following case, recently observed, although of long duration. Those desirous of reading an able article on this subject, can refer to the *American Journal of Medical Sciences* for October, 1858, in which Dr. A. Hewson has reported many cases, with the effects produced by various dietetic and medicinal agents. The remedy most to be depended on, was the extract of belladonna.

The following case was brought into ward 32, on the first of February, 1859, for the purpose of being treated for the disease under consideration, which had existed, to a greater or less extent, almost from infancy, having resisted the different remedies which had been resorted to, but of what character no information could be given. The boy was ten years of age, and presented the appearance of perfect health. A thorough examination of all parts of the body gave no clue to the probable cause of the disease. The only sickness he had suffered from, for years, saving that for which he was being treated, was a recent slight chill, followed by fever of short duration; but this could not be regarded in any way as connected with the malady, for, during his stay in the hospital, it certainly did not re-appear.

The treatment of this case was commenced with an emetic of ipecacuanha, in order to free the stomach of undigested food or vitiated secretions, which in most cases, without regard to the actual disease, will be found to exist. The operation of the emetic was facilitated by free potations of warm salt water. In four hours after it had ceased operating, a moderate dose of castor-oil was given, to clear out the bowels, and, about bed time, a mustard and cayenne poultice was applied to the loins. During the entire treatment, stimulating liniments were occasionally applied to the back; the bowels were kept regular by mild aperients, and the sole diet allowed was that of farinaceous articles in moderate quantity. During the day, he took a good deal of exercise.

On the third of February, the remedies of the preceding days having produced their desired effects, without arresting the discharge of urine in the bed, the following mixture was commenced, in the dose of half a teaspoonful four times a day. R. Ext. belladon., gr. x.; tr. belladon., ʒiii.; tr. ferri mur., ʒii.; tr. cantharid., ʒii.; syr. tolu., ʒii. M. The above was continued regularly until the fifteenth of the month, when all had been taken. For the greater part of this time, nightly, was the bed wet; but towards the end, one or two nights passed without that occurring. On the fifteenth, with the addition of five grains of the extract, the formula was renewed. The dose, as well as the diet, was con-

tinued, and the only addition to the treatment was the more frequent nightly application of a mustard and cayenne plaster to the loins. From this date, to the first of March, when the medicine had been all taken, and required renewal, there were intervals of several nights, without the bed being wet, but falling back, the point had not yet been gained.

On the first of March, the following was ordered. R. Ext. belladonnæ, ℥i.; tr. belladonnæ, ℥iv.; tr. cantharid., ℥iv.; tr. ferri mur., ℥iv.; syr. tolu, ℥iii. M. The dose was continued, a half teaspoonful four times a day, and the diet was the same, merely allowing more of it. In a few days the habit was gradually overcome; the disease, or whatever had caused the discharge, was cured, for not once more did he wet the bed during the following month that he remained in the ward under surveillance. Months have elapsed, during which I have seen the boy frequently, and not once has the wetting of the bed recurred, which he alluded to in a way to prove his delight of that fact. No inconvenience whatever was experienced from the long-continued use of the medicines specified.

I will conclude by offering a few remarks on emetics, convinced as I am, from frequent conversations with many medical friends, that this class of remedies is not as fully appreciated as it really deserves.

During my prolonged tour of duty in the wards of that noble institution, the Charity Hospital of New Orleans, the recipient of the sick from every clime, experience, based on almost innumerable trials, has thoroughly convinced my mind, not only of the most perfect safety of an emetic, but of the great benefit almost invariably resulting from the employment of that class of remedies, in most of the cases of sickness, which, throughout the year, are brought into the wards for treatment. With equal truth will that remark apply to the diseases met with in private practice. In but two instances, out of the innumerable number of emetics that I have administered, in all classes of diseases, have I witnessed, or known to occur, the least immediate or subsequent inconvenience—still less, injury; while, on the contrary, very many have been the times that I have seen cause to regret their non-administration. That I have seen many cases of disease protracted from the want of an emetic, I am positive, and I am disposed to believe that in a few cases life would have been preserved by one timely applied. I regard the fact demonstrated, that the resort to this formerly highly-esteemed class of remedies, is by far too much neglected and feared at the present day.

I will not touch on the mooted point, the power of an emetic to cut short many diseases, further than the expression of my firm belief of having frequently seen positive proof of such an occurrence. In many of the diseases of infancy and childhood, I am a firm believer in the propriety and necessity of the use of a mild

emetic, at the incipient stage; and in no class has such been more frequently observed, than in the various anginose affections, among which may properly be classed the diphtheria of the present day. In dysentery, principally acute, and also in that of a moderately chronic character, after an emetic of ipecacuanha, and frequent large injections of cold water, with or without the addition of common salt, or nitrate of potash, often have I observed the most rapid and permanent cures to follow.

In diseases of a congestive character, whether febrile or choleraic, in which the most important point is to produce a speedy and permanent reaction, a stimulating emetic of ipecacuanha and cayenne pepper, aided by quite hot salt water, will effect the desired end more certainly and promptly than any stimulant that may be given internally, or the most powerful irritants externally, even though conjoined with unceasing friction.

In fine, as a curative agent, I consider the judicious administration of an emetic adapted to the case presented, as ranking at the very head of all our remedial agents.

CASE OF REDUCIBLE HERNIA CURED BY SETON.

BY C. M. RUBLEE, M.D., MONTPELIER, VT.

[Communicated for the Boston Medical and Surgical Journal.]

MR. A., aged about 35, of good constitution, consulted me in April last for inguinal hernia of the right side, which had troubled him for a year or more, so as to prevent labor of any kind. It was at times very painful. The tumor, which appeared at the external ring, was about the size of a hen's egg; it had never descended into the scrotum, and when the patient was in a horizontal position, the intestine passed readily back into the abdomen. Trusses of all kinds had been used, but without relief, as the tumor would make its appearance at the external ring below the pad of the truss, whenever the patient attempted labor of any kind; and occasionally even walking, or standing upon the feet, would produce the same effect.

The case appeared to be a favorable one for an operation, and the patient expressing a willingness to submit to any surgical operation which would effect a radical cure, I at once determined to try the effect of a seton, introduced along the inguinal canal. The instrument used for introducing the seton was, I think, invented by Dr. Riggs, of New York City, and was exhibited at the Hospital there, some two years since. The seton was introduced April 1st, and allowed to remain about forty-eight hours. It was about the size of an ordinary skein of silk, and imbued with tincture of iodine. But little inflammation followed, and no pain.

The patient kept his bed; and the third day after the operation, the inguinal canal was found well blocked up with an effusion

of plastic material. In two weeks, the patient was allowed to leave his bed, and walk about the house, but was directed to apply a truss—one that would produce but slight pressure, for fear of causing absorption of the plastic material filling the canal, which has occurred occasionally when too great pressure was produced by a hard, strong truss. The patient is now able to attend to business, and there is no appearance of hernia. When engaged in labor requiring great exertion, I have advised the use of a truss for a few months, until the new material becomes hard and firm.

According to the cases reported by Prof. Carnochan and others, the introduction of the seton is safe, and almost painless, and has been successful in a majority of the cases operated upon. If so, the operation is well worthy of further trial, in my opinion.

Bibliographical Notices.

A System of Surgery, Pathological, Diagnostic, Therapeutic, and Operative. By SAMUEL D. GROSS, M.D., Professor of Surgery in the Jefferson Medical College, &c. &c. Philadelphia: Blanchard & Lea. 1859.

"Two very large octavo volumes, of near 2400 closely-printed pages, strongly bound in leather, with raised bands." So runs the advertisement, and whether the author who has written, or the man who shall have read, the two volumes with "raised bands," will deserve the highest niche in the Temple of Fame, is a question, we think, which would admit of discussion. As proof of industry and a love of work, we should ask for no better evidence than the volumes before us, and, when we see by the same advertisement that our author has "lately published" works amounting in the aggregate to 2200 pages, in addition to the 2400 now put forth, we confess that we are really astonished. We notice, however, that a very considerable amount of his previous writings is incorporated with the present volumes.

If Sydney Smith had many such volumes as these to notice, we do not wonder he said, that "he never read a book he intended to review, it prejudiced him so." We have not read this book through, therefore we are not prejudiced, but we have attentively examined and turned over every single one of its 2400 pages; even that we consider something of a feat.

The author is pretty nearly right when he says "that there is no topic, properly appertaining to surgery, that will not be found in these volumes." Thus we have every subject, from corns and carious teeth, up to optics and "rhinolites" (the latter being found in the index, but not in the text), each in its appointed place. How far the voluminous index will help the student in their use for purposes of reference, we are unable to say, but the random and verbose manner in which each chapter is made up, certainly demands one of the most elaborate character. It is obvious that this fault is in a measure due to the fact, that, as the author states, the work is made up from the

lectures which he has delivered for the last twenty years. The conversational and *ad captandum* style of the lecturer is more apparent than the didactic one of the author, the use of which might with ease have reduced the size of the work, which so nearly approaches that of the "overgrown folios of the ancient writers of medicine," against which Dr. Gross seems to have a peculiar spite, only equalled by his bitter hatred of oculists.

We cannot but deprecate, in this connection, the tendency of the author to refer in an invidious and reflecting manner to the errors and ignorance of surgeons, who, notwithstanding he terms them "highly respectable," have sometimes done amiss, for the want of that skill and experience which so eminently belong to the author of the *System of Surgery*. Whatever he does not approve he denounces as a "positive absurdity," or as the "height of folly." For instance, he mentions a case "under the judicious management of Dr. Metcalf," where an attempt being made to save a limb, life was lost by lock-jaw. "Amputation, I am satisfied, ought to have been done on the spot," says Professor Gross. The surgeons of the Louisville Hospital pronounce a tumor to be an aneurism. The patient falls into the hands of "Dr. Donne and myself, when, upon introducing an exploring needle, we found the tumor was not an aneurism but an abscess." Dr. Gross bleeds with the spring lancet; he has never done any harm with it. "It would afford me great pleasure," he says, "if I could make a similar statement concerning the practice of some of my professional brethren." "A young and inexperienced practitioner" searches in a vein with a probe for a piece of the fleam of a spring lancet, broken off in bleeding. "The patient (laboring under bilious fever), but for this unfortunate event, would probably have recovered," is the consolatory remark of Dr. Gross. The "numerous pupils" to whom this book is dedicated, may so admire the Professor as to overlook such egotism—an egotism which, in various forms, shows itself throughout the work, as, for example, in speaking of the diagnosis of malignant disease, "that it is, in general, as easy to determine the difference between a malignant and a non-malignant tumor, as it is to determine the difference between a muscle and a tendon"—but it does not sound well to those who have no particular reason for overlooking bad taste in the Author.

It certainly should be said, in favor of these volumes, that they inculcate and exhibit, as the faith of their author, a good, sound conservatism, not carried away by an *écraseur*, the perchloride of iron or the novelties of syphilographers, but calmly appreciating the value and worth of innovations. We could wish even a little less conservatism as to the uses and value of medicines, and a little more as to the choice of anæsthetics. Dr. Gross prefers chloroform, and the following is his loose statement with regard to sulphuric ether:—"It certainly requires less caution in its administration, and thus far it has furnished but few deaths, whereas the mortality from chloroform already reaches about a hundred." It would be a satisfaction to this community to have the details of those "few deaths, furnished" by sulphuric ether, also furnished by Dr. Gross. Dr. Hayward stated before the *Société de Chirurgie* of Paris, a few months ago, that no death had ever occurred from its use. But a single instance could be trumped up to oppose that statement, and Dr. Hayward himself told us, the other day, that even that case was subsequently disproved,

From statistics kept in this city, the deaths by chloroform had long ago reached a hundred, and they have fearfully increased of late, and there is reason to believe (Dr. Gross to the contrary, notwithstanding), that more than that number occurred in the Crimean campaign.

Dr. Gross says, with regard to osseous union in intra-capsular fracture of the neck of the thigh bone, that whilst he cannot doubt but that such an occurrence may, under extraordinary circumstances, take place, he has yet to see a specimen illustrating it. Such, we are aware, is also the opinion of Dr. Hamilton, of Buffalo. It has long seemed to us that the setting aside of specimens believed by competent judges to illustrate this point, simply because some single item in the chain of evidence is lacking, was a refinement which savored of splitting hairs, especially when so many surgeons of eminence, since the great influence of Sir Astley Cooper has passed away, have recognized the occurrence, and the fact is so generally believed in. It is well known, moreover, that Sir Astley himself possessed a specimen; but he never had the honesty to describe it, or, it is said, to return it to the gentleman who sent it to him, although he solicited it repeatedly. After his death it was found at the bottom of a jar, labelled with the name of the person who sent it to him (Mr. Swan), and is now in the Museum of the Royal College of Surgeons, a striking specimen of intra-capsular, osseous union. It is not always easy to say whether a bone is fractured or not, but the total number of specimens, which, if they cannot be proved osseous unions of intra-capsular fracture, it is also impossible to prove not to be such, must be very considerable. The Warren Museum contains two such specimens, which we should be glad to describe in detail if space permitted.

We do not know how much Dr. Gross would consider the modification of Dessault's apparatus, with which fractures of the femur are invariably treated at the Massachusetts General Hospital, redeems it from the charge he makes of its being an "awkward contrivance, constantly subject to derangement, and the results obtained by it not so gratifying as they should be," but we do know that the results there obtained will compare with those of any other hospital.

If we have not forgotten our anatomy, an incision "close to the broad dorsal muscle" will not bring us down upon, or near to the axillary artery in any part of its course; nor do we think that the capsular ligament of the hip-joint is attached "to the prominent lines which extend in front and *behind* from one trochanter to the other," or that the round ligament is "inserted into the cotyloid ligament, where the latter is stretched across the notch of the acetabulum." "A thorough knowledge of these ligaments is of great consequence," says the author. We do not think many pathologists would admit the existence of vessels, nerves and absorbents in the so-called "pyogenic membrane."

But it is very far from our intention to speak lightly of this new treatise, or to convey the idea that it is of those "too bad to be saved and too good to be damned." On the contrary, crediting, as it does, improvements to their just sources, sustaining American claims and recording American views and experience, it is calculated in many respects (perhaps most of all for what will be called its true Yankee ring), to enhance our credit abroad, to add to our own honest pride, and stimulate to farther advancement a science nowhere more earnestly or successfully cultivated than in the United States. The defi-

ciencies we have noticed, we are sure, are due rather to the hurry and interruption of composition incident to Dr. Gross's numerous engagements, and which, though to be regretted, could hardly be prevented.

The publishers have performed their work in a most creditable manner. For such words as "burse," "spermatozoids," "polyp," "adepts," "sequester," "sakelessly," "timeously," &c., we suppose they are not responsible; but for "ileo-femoral," occurring several times, and for such mistakes in proper names, as "Norwich" for Northwich, "Musseux," "Conquoin," "Humphrey" for Humphry, &c., we must take them to account. Of the wood cuts, 936 in number—though we notice that the tenotome which Dr. Gross has "long been in the habit of using" is printed in three different places—many, never very good, have gone through too many editions to serve in a book generally so elegant as this. We would instance, especially, some of those intended to illustrate uterine diseases. They certainly cannot add to the value of the book, or the reputation of the publishers.

Contributions to Midwifery and Diseases of Women and Children, with a Report on the Progress of Obstetrics and Uterine and Infantile Pathology in 1858. By E. NOEGGERATH, M.D., and A. JACOBI, M.D. New York: Baillière Brothers. 1859.

THIS is a volume of 466 closely-printed pages, consisting mainly of notices and expository reviews, more or less lengthy, claiming to touch upon all the publications treating of subjects connected with the female sexual and urinary apparatus, and of infantile diseases, which appeared in the English, French, German and Italian languages during the year 1858. It was the aim of the authors "to give an account of every original article, or monograph, that appeared to be of any importance"; and "to mention, at least, the headings of those of less value," or beyond their reach.

The task seems to be, for the most part, well done; though more care would have been to the advantage of accuracy in spelling, and typography, and even in statement. The book is obviously the fruit of an immense amount of research, and shows its authors to be zealous and laborious students—worthy of the German origin indicated by their names. From a cursory survey, the volume appears to us to be highly valuable, as a book of reference (and a series of such would be particularly useful), especially to those who, for any reason, may have occasion to look up the literature of any of the subjects of which it treats. We have a painful misgiving, however, that the general reader of medicine will hardly be able to make room for it, among the crowd of medical periodicals constantly passing through the press.

Prefixed to the "Report," are seven original articles, by the authors of the former: four by Dr. Noeggerath, and three by Dr. Jacobi. It seems to us, while we would imply no disparagement of the articles themselves, that it would have been more proper, instead of giving these in full, as was done, to have noticed them in their places among the other papers mentioned in the "Report." We will not undertake a review of these monographs. We have a word to say, however, of the second of them, as it especially engaged our attention. It is entitled, "Four Cases of Injection of a Caustic Solution into the Cavity of the Womb, illustrative of the Advantages and Dangers connected with this Proceeding," by E. Noeggerath, M.D. It

consists of an account of four cases in which different substances were brought in contact with the interior of the uterus—the interior of the *body* of the organ, as it is asserted.

In Case No. I., tincture of iodine was claimed to have been injected into the upper cavity of the womb, without the occurrence of any bad symptoms, four times in the twelve days preceding a monthly period, and twice a week during the succeeding inter-menstrual interval. This treatment was followed by entire recovery from an obstinate and protracted menorrhagia. Though we have no reason to doubt the entrance of the fluid into the upper cavity of the uterus (as it is stated that the slender mouth-piece of the syringe was introduced until it touched the *fundus uteri*), it would, yet, have been satisfactory if the extent *by measurement* to which the instrument penetrated beyond the *os externum uteri* had been given. This remark may be extended to the succeeding cases. We would remind our readers of a case of polypos attended with hæmorrhage, reported by Dr. C. E. Buckingham in this JOURNAL (Oct. 1, 1857), which was similarly treated. We will also take occasion to say, that we are quite ready to believe, upon sufficient showing, that the use of intra-uterine injections of tincture of iodine, and other drugs of like potency, cautiously employed, may be safe and useful treatment, in some forms of disease of the womb.

Alarming symptoms, in Case II., followed the injection of tincture of the sesquichloride of iron diluted with an equal quantity of water. The caustic effect of the muriate may possibly have been increased by free hydrochloric acid, which sometimes exists in the *tinctura ferri murialis* sold at the shops.

In Case III., symptoms of “severe metro-peritonitis” supervened upon the injection of a solution of one part of nitrate of silver in four parts of water, the syringe entering “not further than one inch into the cervical canal.” The reporter thinks that the caustic fluid could not have passed into the peritoneal cavity.

In Case IV., a solution of nitrate of silver (one drachm to the ounce) was not *injected*, but applied to the lining membrane of the uterus, by means of a camel’s hair pencil introduced not more than an inch, or an inch and a half, beyond the *os tincæ*. “About two thirds of the vaginal portion” of the uterus, it should be noted, were gone. Death ensued; but not, Dr. N. feels sure (in view of the mode of introduction), from the caustic reaching the peritoneum. The quantity of the solution applied could not have been, the operator says, “more than one large drop.” Ten days previously, the actual cautery had been applied freely to the exterior of the cervix, “and even passed into the cavity of the neck, for a considerable distance;” with but “insignificant” reaction, up to the time of the introduction of the camel’s hair pencil.

The diagnosis is thus stated; “*ulcus corrodens portionis vaginalis e causa syphilitica*.” From the description given of the symptoms and appearances, we can hardly consider this diagnosis demonstrated; but are led to suspect malignant disease.

Alluding to the difference of opinion, among authors, as to the propriety of caustic injections into the womb, Dr. N. cites Kiwisch and Scanzoni, as in their favor, provided they be so made that the fluid injected can easily flow back from the uterine cavity into the vagina or speculum; and Dr. West, *per contra*, in the following quotation, viz., “I say nothing about the use of intra-uterine injections, in cases

of long standing leucorrhœa, for I have no personal experience of their employment, and, besides, the risk of the proceeding has led to their almost universal abandonment."

Remarking upon the three last of the cases reported by him, Dr. Noeggerath, with great candor, draws from their consideration the conclusions, "that the dangers connected with intra-uterine injections are not so much derived from a passage of the fluid into the abdominal cavity, as from the direct influence of the caustic agent upon the uterus itself;" * * * * and that "it would appear that we ought to abstain entirely from the use of caustic injections into the cavity of the womb. For, if it is true that they are at times followed by dangerous, and even fatal consequences, they must be considered as means * * * * [of good not commensurate with] the evils they are intended to relieve."

Tincture of iodine, as an intra-uterine application, Dr. N. thinks, combines, more happily than any other remedy, innocuousness with efficiency.

L. P., Jr.

Hygiene. Being the Substance of a "Charge" given, February, 1859, to the Graduating Class in the Medical Department of the University of Buffalo. By FRANK HASTINGS HAMILTON, Professor of Surgery. New York: W. H. Tinson. 1859. Pp. 15.

THIS "Charge" contains the very best advice respecting a subject upon which we have taken every opportunity in our power to comment. We have endeavored to urge its high claims upon young and old, rich and poor, active and sedentary.

Dr. Hamilton has spoken in his usual terse and forcible manner upon the topic, and he could not have selected a more appropriate one. Considering the professions of Divinity, Law and Medicine, in respect to the question which has performed its functions best, he admits only one particular—that, however, "essential"—in which he thinks physicians have failed. As to efforts to cure disease and remedy evil-doing, Dr. H. seems to think the world cannot complain of either of the professions. It is to the "art of prevention," Dr. H. thinks, that far too little attention is given. He particularly refers to the notorious ignorance of many parents in regard to the "laws of health," and quotes the following saying of Dr. Francis, of New York city, so well known as a practitioner of long and varied experience, and whose practical skill is equally balanced by his extended information in respect to professional knowledge: "That ignorance of the laws of life, of the rules of health and of the remedial powers of medicinal substances, prevails to a wonderful degree, even in exalted places, is an incontrovertible position."

This being true, Dr. Hamilton is inclined to lay the burden of blame very largely upon physicians. While this is doubtless true in too great a degree, we must be allowed to say that we think very much has been done of late years by the profession, as a body, and by the individual members, to advance the knowledge of the laws of health, and of the means of prevention of disease, amongst the people, of all classes. Dr. H., however, believes that the people are but poorly instructed in that information respecting health of which the profession "know the most." In this connection we must let the writer speak for himself—premising that he has that to say, throughout this little

pamphlet, which may well engage the attention not only of students, to whom the "Charge" is addressed, but of the practitioners of every land, and of the community at large. With these remarks we conclude this article by making a few extracts from Dr. Hamilton's Address.

"The physician has very few helps in his labor of diffusing medical knowledge of any kind. The people do not go up to Siloam; and the physician must not only draw from the pool, but he must himself carry the buckets upon his own shoulders, and cry out at every man's door—up and down—in the narrow gangways, and in the cellars of the poor and the houses of the rich.

"Our books are sealed in a great measure, even to the intelligent lay reader. Our opinions are never discussed or asked in public assemblies. The physician never enters the forum. Even the daily prints, which are subservient to the other professions, and which might be made subservient to ours, are so constantly filled with lying and scandalous advertisements, under the pretence of disinterested medical counsel, that all respectable physicians would refuse to occupy their pages, even if allowed to do so.

"Beyond the little that can be accomplished through the medium of our standard books and our medical journals, there remain, therefore, only the channels of private communication: but these channels, each one of which is narrow, and necessarily limited in its influences, are in the aggregate so numerous and so broad that they ought to be ample for all the purposes required. All men, sooner or later, and most men constantly, seek advice from doctors. The desire to take medicine is as universal and seems as natural to man, as is religion: indeed, there are those who appear to think this the great end of human existence. The nurse administers medicine to the infant as soon as it breathes; and by one or another it is poured into the mouth of the dying man until he ceases to swallow. From birth until death he feeds upon it—blessing him who gives, and turning away from him who withholds it. Few men are born, fewer die, and none live without a doctor! The opportunities, therefore, will not be wanting. It is only necessary that they should be faithfully improved, and that with each pound of cure you administer the one ounce of prevention. * * * * *

"Men must be first made to understand fully that the laws of nature in regard to health are inviolable, and that no man can any more break them with impunity than the laws of nature relating to the motion of the planetary bodies can be disturbed without interrupting the harmony of the universe. * * *

"It is a law of nature that man cannot live without air. Air is the 'breath of life,' created, too, with invariable elements, and with invariable proportions of oxygen and hydrogen; from which we ought to learn that these elements in these exact proportions, are more natural and more needed for the growth and repair of the human system. They cannot be increased or diminished, altered or modified in any way without detriment to health; you will find, however, that the great majority of the people who are to employ you, do not know this, or if they know it, they, at least, act as if they did not.

"They build strong, air-tight houses, and shut themselves up in them; they make double windows, and place strong porches over the doors; they have even walled up the open fire-places—in short, they have adopted every possible expedient to render it certain that no air shall get in or out; and now they sit down to breathe the few cubic inches of air they have imprisoned, until in the laboratory of their lungs they have converted nearly the whole into carbonic acid.

After mentioning the abolition of the ancient "fire-place" and the introduction of stoves, Dr. H. goes on to say:—

"Not content with this, these enemies to our race have still more lately taken away the stoves which, destitute of the essence, still occupied the places, and served to remind us at least of the ancient fire-places; and instead, they have built for us iron furnaces—Atnas—under ground, so that now what of the oxygen we are not able to consume and convert into carbonic acid, is vitiated by impure gas escaping from its hidden chambers, by invisible particles of coal dust, and by other impurities which clog up the air-cells, and close the avenues of life,

or stick along the parched fauces as if reluctant to convey their poison to the lungs.

"Stoves have no doubt abridged the sum of human life, but by these subterranean iron furnaces we are truncated—cut short in the middle. It is an error to suppose that hot-air furnaces can ever be so constructed or managed, at least in private houses, as not in any degree to prove detrimental to health. We wish we could persuade ourselves that this is not so, for it is certainly very agreeable in a climate like ours to enjoy throughout all the rooms and passages of the house warm and uniform temperature; but it is just this even warmth which is one of the sources of mischief. The inmates are so little accustomed to the cold within doors, and become so morbidly sensitive, that they shudder at the idea of going out, and if they ever do venture into the air, the frost enters into their open pores, and they hasten back to their shelter, chilled, exhausted and discouraged. They are no better able to endure the storms of winter than a plant reared in a hot-house."

We would gladly extract more from Dr. Hamilton's paper, but must content ourselves with the following sentiments, which are to be found among the closing sentences. The "Graduating Class" has been well warned.

"Stand firmly only on your rights, no matter who disputes possession. Do your best to acquire fame, power, money—yes, get rich if you can, for nobody in this wide world has a better right, or a poorer chance than you; but, in the name of your alma mater, we entreat you to contend honorably. If these things are to be attained at the sacrifice of honor, let them pass as baubles not worth the self-respect to be paid out in their purchase. Be strong and defiant even, if necessary, but never mean or treacherous. Be liberal to the poor. Be wise and prudent, but never let policy sit above conscience. By which I mean plainly, if a rich man needs your physic, give it to him, and let him pay for it; but if he does not need it, tell him, like an honest man, that his money will not buy it. Despise tricks—placebos and sugar pretences—as beneath the dignity of men. If our patrons dare not take our advice, they certainly ought to be afraid to take our medicines. And whenever you are driven to the humiliating necessity of pretending to give medicines to sane men and women, because, while they do not need it, they will clamor for it, I shall advise you to abandon your profession, and look out for some occupation which will give you a more respectable and a more honorable living."

Kappa Lambda; Some Account of a Secret Society in New York, entitled the Kappa Lambda; in a Letter to Alexander H. Stevens, M.D., LL.D. By a retired Physician, SHOL TO DHU GLAS. 8vo. Pp. 37.

THE above extraordinary title is prefixed to an equally extraordinary pamphlet, printed in a no less extraordinary manner, in *script* type throughout, with no end of quotation marks, and every variety of letter to express surprise, emphasis or indignation—capitals being, on the whole, the favorite variety. The contents of the pamphlet would not greatly enlighten our readers, but the style is inimitable; it is perfect Micawber. The author must have been descended from, or intimately connected with, that most delicious of Dickens's creations; at any rate, he seems to have acquired to the letter the epistolary peculiarities of that original character. No one but Wilkins Micawber and "Shol to Dhu Glas" could have written such a letter. We quote a single specimen:—"The silvery 'blossoms of eternity' grow daily more numerous on my head, though they hang but thinly over my bare, bald brow. My only living hope is that when these snowdrops of the February of my life-year shall have fallen with me into the earth, they may be succeeded by brighter bloom, and rich, abundant fruit," &c. &c. We wish we could convey an idea of the

way in which the typography is made to enhance the style of the text. The whole production is a perfect gem.

A Practical Treatise on Enteric Fever ; its Diagnosis and Treatment ; being an Analysis of one hundred and thirty consecutive Cases, derived from Private Practice, and embracing a partial History of the Disease in Virginia. By JAMES E. REEVES, M.D. Philadelphia: J. B. Lippincott & Co. 1859. 12mo. Pp. 199.

We have been much pleased by the perusal of this work, which is evidently written by a close observer, and a man of judgment. As would naturally be expected, the portions of the work devoted to the description of the symptoms and the treatment, are the fullest and most interesting, since the author is chiefly engaged in rural practice, which usually affords but few opportunities for the study of pathology ; indeed, so sensible is Dr. Reeves of this, that he has preferred to adopt Dr. Wood's description of the *post-mortem* appearances, rather than to give the results of his own imperfect observations. In all other respects, however, the work is entirely his own, and is the result of a most diligent and conscientious study of typhoid fever, or enteric fever, as he prefers to call it, by the bedside. We know of no better or more graphic picture of this frequent disease. In respect to treatment, Dr. Reeves is most rational and judicious. Withholding needless interference in the milder forms of the fever, he believes that in a large majority of cases the issue of the disease depends on the judgment of the practitioner in the management of medicines, stimulants and diet. Dr. Reeves's book is both interesting and valuable, and we heartily commend it to the profession.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 25, 1859.

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ACTION OF MERCURY ON THE SECRETION OF BILE.—Among the effects of medicine which are usually considered to be well established, the action of mercurial preparations in increasing the flow of bile has been admitted without question. Physicians speak about stimulating a sluggish liver by blue pill, or calomel, as if it were not only the easiest thing in the world, but as if we had ocular demonstration of the process ; and the frequency with which the liver is thus stimulated to an increased secretion of bile is in proportion to the ease with which it is supposed this may be effected. No matter what the disease, it is the commonest thing to begin the treatment by an active mercurial purgative.

Some experiments by Dr. George Scott, of Southampton, Eng., made on dogs, with a view of ascertaining whether mercury really increases the flow of bile, lead to the conclusion that the hitherto-received opinions on this subject are erroneous, and that calomel at least does not increase the biliary secretion. Having ascertained the average quantity of bile secreted in twenty-four hours, by collecting it in a vessel, after the common duct was tied, Dr. Scott administered



calomel to the dogs, and then noted the amount of bile, the quantity of food and drink taken being the same. The four experiments of Dr. Scott all gave the same result, that *there was a diminution in the amount of bile secreted after the administration of large doses of calomel*. If these experiments should be confirmed by future ones, a revolution may be expected in the treatment of diseases supposed to be connected with a deficiency in the biliary secretion, and that much-abused organ, the liver, will be allowed some rest from the incessant appeals which are made to it as the source of so many functional diseases. We are glad that Dr. Scott has undertaken to investigate the effects of calomel on the liver by direct experiment. We hope he will continue his researches, and extend them to other subjects connected with the action of medicines. There is no department of our science in which so little is known, or in which more light seems capable of being thrown by direct experiment.

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STATISTICS OF OVARIOTOMY.—The letter of Dr. Kimball below, and Dr. Lyman's reply to it, are published together—the reader being thereby presented with both sides at once, and an earlier insertion being thus given to what we presume both parties will agree with the Editors in considering as the termination, in these pages, of the discussion in question.

*Messrs. Editors*,—Communications of a personal character, I am well aware, are generally unprofitable, and almost always distasteful, to the readers of a public journal. On this account, if for no other reason, I would fain avoid alluding, for the second time, to the statistical omissions in Dr. Lyman's late Essay on Ovariectomy. But as the case now stands, it will hardly be expected that the letter of his in the JOURNAL of last week, should escape a word or two of comment.

Dr. Lyman remarks that I “assumed a great deal in supposing that he ‘*must*’ have been aware that the operation of ovariectomy had been repeatedly performed by myself in Boston and in other parts of New England.”

Granting this statement of mine to have been an assumption merely, it certainly would seem a very reasonable one, in view of the facts upon which it was based. Before the publication of the essay in question, my operation for ovarian disease embraced some twenty cases. Three of these operations had occurred within the limits of Boston; the subjects of them had been patients of distinguished physicians in the city, who were present at the time I operated, and visited their patients at different times afterwards. Besides, on each of these occasions there were present both physicians and surgeons connected with the Massachusetts General Hospital; and their constant and intimate association with the profession generally, throughout the city, would seem to render it scarcely possible that the essential facts in each case should escape being pretty thoroughly known—more especially to a prize competitor, who was at that time in search of just such facts, and in the pursuit of which he was “*using all diligence, and sparing neither time nor expense.*”

But setting aside these circumstances, the remark to which Dr. Lyman takes exception was by no means a mere assumption. My statement was made upon what was known to me for a long time, as a

*matter of fact*; and that, too, upon authority which was not to be questioned.

As to the "*results*" of my cases, the rumors concerning which were considered too vague and contradictory to have them reckoned "*fit materials for statistics*," it is difficult to comprehend how there could have existed any serious doubt; not only on account of the circumstances above stated, but from the additional fact that they were all of them successful, and the only successful cases that had ever occurred in Boston.

As to any supposed unwillingness on my part to have my cases published, I have simply to say, that I am not aware that I have ever furnished any reason for such suspicion. On the contrary, it is well known that some four years since, upon the reading of a paper on ovariectomy, by Dr. James Deane (now deceased), before the Massachusetts Medical Society, then assembled at Springfield, I gave a brief verbal account of some fifteen cases of my own, embracing, among other facts, a distinct statement of *results*. A complete and *detailed* account of them had been previously written out for Dr. Deane, at his solicitation, and duly directed to him by mail, but by some unaccountable accident, they seem never to have reached him.

I may further add, that at the very time Dr. Lyman was preparing his essay, I furnished a distinguished ovariectomist in this country, at his request, a full analysis of more than twenty cases from my own notes, with the understanding, gathered from his letter, that they were to be embodied and would soon appear in a paper he was about preparing for publication.

The fear of exposure in case of non-success as prize contestant, being given as a further reason for not communicating with me, is certainly not very flattering to my sense of honor. To have granted Dr. Lyman the information he was seeking would have been a mere compliance with the ordinary and reasonable demands of professional courtesy. An intimation of a desire for secrecy would have been sufficient, in any event, to have secured him against all chance of exposure. Certainly, in this respect he would have been quite as safe as in the confidence of three or four others whom he saw fit to consult in Boston, whether they were his friends or mine.

The request as put forth in the last paragraph of Dr. Lyman's note, viewed in reference to the spirit of what precedes it, strikes me as unbecoming, and withal not at all in accordance with professional usage. The honor of having my name conspicuous in his statistical record will not repay me for yielding to a request made in this extraordinary way.

G. KIMBALL.

Lowell, August 6, 1859.

*Messrs. Editors*,—In reply to Dr. Kimball, I have merely to reaffirm my answer to his first communication.

As to the *three* cases done in Boston, I might have heard of them, and possibly have ferretted them out, but how could I have arrived at even the rumor of the remaining *seventeen*? If Dr. Kimball means to state that as a "*matter of fact*" I had any such accurate knowledge of the details and results of any of his cases, as would justify me in publishing them statistically, he mistakes—if, on the other hand, he means that as a *matter of rumor* alone I knew that he had operated, I have already admitted it.

As to the "verbal" report made at Springfield in 1855, where I was not present, no mention is made of it in the published proceedings of the Society, and though Dr. Deane, in his very valuable paper read at that meeting, alludes to his personal correspondence with various operators,\* Dr. Kimball's name is not once alluded to even, which is a little singular if he had been led to expect the detailed account which it is now stated was "previously" written out for him. Some months necessarily elapsed before Dr. Deane's paper was published, and, considering the great interest taken by that lamented gentleman, in this whole subject, it is remarkable that neither by footnote nor in any other manner should he have acknowledged the courtesy of Dr. Kimball, of which, by this time, he must have been aware, the records stating that Dr. Deane, as Vice President, presided that day, in which position he doubtless heard the "verbal account" of so large a number as "fifteen" new cases.

It seems that besides the written account intended for Dr. Deane, a "full analysis of more than twenty cases" was furnished some "distinguished ovariologist," whose name is not mentioned, and which was soon to appear in a paper preparing for publication at the time my essay was published, or rather "preparing," that is to say, nearly four years ago! It is almost time that that paper should appear. Neither Dr. Deane nor Dr. Atlee are complained of for their entire omission of Dr. Kimball's cases.

The call upon Dr. Kimball to publish, was not made for my own benefit, or that of my statistical brethren, but for the profession at large. One certainly has the abstract right to the exclusive benefit of his own professional experience; but without offence to any body, there may be, and I suppose is, a difference of opinion as to whether such be the true spirit of the profession.

I have not the honor of a personal acquaintance with Dr. Kimball, but I have faith that we shall yet get a satisfactory *published* account, by himself, of his experience in an operation which has elicited so much attention in every way of late years.

I am, very respectfully, yours,

G. H. LYMAN.

152 Tremont st., Aug. 17th.

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RAW MEAT IN THE DIARRHŒA OF CHILDREN.—We desire to call the attention of our readers to the excellent effects of raw meat in the colliquative diarrhœa of children, in the hands of Dr. Weisse, of St. Petersburg. Seventeen years ago, Dr. Weisse called the attention of the profession to this subject, and since that time numerous writers have confirmed his views. The meat is reduced to a pulp, by scraping, and given, to the exclusion of all other treatment. Considering the great prevalence of the disease at the present time, and the ease with which the treatment can be adopted, we think it would be well worth while to try the experiment. We would also recall to mind that the same remedy has been found of much efficacy in various diseases of the stomach, accompanied with difficult digestion, in adults as well as in children.

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DR. CORSON'S NEW PHYSICAL SIGNS.—In a notice of Dr. CORSON'S "Paper on the Management of the Shoulders in Examinations of the Chest," we alluded to a new physical sign of disease of the lungs described by him, the diminution of motion in the chest on the affected side. We have had opportunities of confirming the value of this sign, and have found it so striking that it is difficult to explain how it has so long escaped observation. In two patients now under our

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\* See Note on page 59, Medical Communications of Massachusetts Medical Society for 1855.

care, each of whom has extensive tuberculous infiltration of the left lung, the difference between the motion of the two sides is remarkable. Viewed from behind, the patient's right shoulder is seen to rise and fall with each respiratory act, while the left shoulder is almost motionless. In each case we successfully predicted that the disease would be found on the left side. We have not yet had occasion to notice Dr. Corson's other new sign, the "moist respiration," but we would again call attention to this, as well as to the other valuable practical suggestions contained in his paper, which shows him to be a man of close observation.

MESSRS. EDITORS.—Allow me to inquire what are the ingredients of "Parker's Compound Vegetable Oil" for the cure of chapped or sore nipples, advertised in the JOURNAL for several months past. As this compound is perfectly harmless, and, at the same time, "has never failed to produce a healthy, well nipple, thereby rendering all other artificial means useless," it must be a valuable remedy; and as reference is made, by permission, to the President of the Massachusetts Medical Society, and to a former Professor in the Harvard Medical School, of course it is not an empirical preparation.

Query.—If this oil renders all other artificial means useless, what necessity is there for the "Patent Ventilating Nipple Shield"? W.

*Report concerning Female Physicians.*—The following report on the subject of female medical faculties and graduates was passed recently by the Philadelphia County Medical Society, and adopted subsequently by the State Medical Society:

"In reply to the propositions embraced in the resolutions submitted for their opinion, the Censors would respectfully report, that they would recommend the members of the regular profession to withhold from the faculties and graduates of female colleges, all countenance and support, and that they cannot, consistently with sound medical ethics, consult or hold professional intercourse with their professors or alumni."

A MEDICAL Board has been ordered to convene at West Point, N. Y., on the 29th inst., for the purpose of examining into the physical qualifications of the candidates for admission into the Military Academy. The Board will consist of Surgeons C. A. Finley and S. P. Moore, and Assistant Surgeon J. Campbell.

Dr. S. D. Gross has received a diploma honoring him with the title of Corresponding Member of the Imperial Academy of Medicine of Vienna.

Dr. Wilson Jewell has been appointed Corresponding Member of the Imperial Geological State Institution of Vienna.—*Medical and Surgical Reporter.*

HEALTH OF THE CITY.—The mortality of the past week bears a striking similarity to that of the corresponding one of the last year; thus the total number of deaths for the former was 92, for the latter 95; deaths by cholera infantum for the former 29, for the latter 30; by consumption, for the former 11, for the latter 12; by dysentery, for the former 3, for the latter 2. There were 4 deaths from typhoid fever, last week; and 5 from smallpox, viz., 3 males, aged 6, 3 and 1½ years, and 2 females aged 2 and 27 years. The number of deaths of those under 5 years was 58.

TO CORRESPONDENTS.—It is particularly requested that all communications, as well for the Editors as for the Publisher, be addressed to the office of the Journal, 184 Washington St., corner of Franklin.

*Communications Received.*—Treatment of Asphyxia from Chloroform.

DIED.—At Beverly, 11th inst., Archelus Fuller Putnam, M.D., 66.—In Northfield, Ms., 31st ult., Dr. Henry Fitch, 79.—In Canton, R. I., 19th inst., Dr. Rowland Greene, 89.

*Deaths in Boston* for the week ending Saturday noon, August 20th, 92. Males, 48—Females, 44.—Apoplexy, 1—disease of the bladder, 1—inflammation of the bowels, 1—congestion of the brain, 1—cancer (in the breast), 1—consumption, 11—convulsions, 3—cholera infantum, 29—dysentery, 3—dropsy, 1—dropsy in the head, 1—debility, 1—puerperal disease, 1—bilious fever, 1—scarlet fever, 3—typhoid fever, 4—disease of the heart, 1—intemperance, 1—disease of the liver, 3—marasmus, 4—palsy, 1—pleurisy, 1—smallpox, 5—teething, 4—thrush, 2—unknown, 4—whooping cough, 3.

Under 5 years, 58—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 7—above 60 years, 6. Born in the United States, 74—Ireland, 14—other places, 4.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 5.

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## SCIRRHOUS PANCREAS.

[Read before the Boston Society for Medical Observation, June 20th, 1859, and communicated for the Boston Medical and Surgical Journal.]

BY CHARLES E. BUCKINGHAM, M.D.

THE morbid specimens are from a lady of 72 years of age, who died, on the 16th of June, after an excessively painful sickness of several months. At what time the disease began, I have no means of determining. She was of that determined, uncomplaining disposition which does not allow sickness to be known, until it becomes intolerable. I was first called to her on the 28th of January, 1859, and finding her complaining simply of pain to the left of the epigastrium, and similar pain in some of the muscles of her limbs, loss of appetite and weakness, I prescribed small doses of tincture of guaiacum. This was continued several days, with slight amendment. Soon after, the skin was noticed to be of a yellowish hue, which did not extend to the conjunctival membrane. The discharges had then become quite clay-colored. On the 1st of February she got a grain of podophyllin and six grains of leptandrin, in two doses. On the 2d of February, eight grains of compound cathartic pill. The whole moved her bowels pretty thoroughly, without nauseating, but the movement was attended with griping. There was no change produced in the color of the feces. On the 3d, for the purpose of keeping up a laxative effect, and at the same time acting as an alterative, two grains of leptandrin, with as much conium, were directed every six hours. On the following day, an equal amount of compound cathartic pill was substituted for the leptandrin. No apparent effect was produced by either. The yellowness of the surface steadily increased; the pain remained as at first. The appetite began to fail, and on the night of February 18th, she was suddenly seized with great faintness and sinking, for which stimulants were freely used, with relief. Dr. John Ware saw her, at this time, and after the most careful examination, not being able to decide upon the nature of the disease, it was determined to commence an alterative course. A grain and a quarter of calomel was taken each night, at bed-time. It was given in powder with sugar. The pain now seemed to

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change its position. Leaving the epigastric region and the limbs entirely, it followed a direct line, down the abdomen, obliquely to a point about two inches in front of the anterior superior spinous process of the ilium, and from thence across to the point directly behind it, in the back. Here it remained for the rest of her life. No tumor was ever discoverable, in any part of the body, and there was no pain elsewhere. The tenderness was where the pain was originally, that is to say, on the left of the epigastric region. There was never any tenderness nor tumor discoverable near the liver, nor was the liver at any time to be felt. The only indication of hepatic trouble was in the color of the skin.

From the 18th of February mercurials were continued without intermission, the only change being to the protoiodide, on the 2d of March, up to March 14th. None of the specific effects of the medicine were noticed, and it was discontinued. On the 24th of February, it was found necessary to give opiates, and they were used in various forms, from one to three doses a day, each dose being equal to about a fourth of a grain of a morphine salt. During a part of this time it became necessary to use opiates externally also. The disagreeable dreams produced by the morphine induced me to give her in its place a third of a grain of extract of belladonna, on the 14th of March, at supper time. About 10½ P.M., having had sudden faintness and vomiting within a few hours, there was so much sinking of the pulse that she was stimulated by the aromatic spirits of ammonia. A little before midnight Dr. John Ware saw her with me again. Examinations led to no satisfactory result. The pain was quieted from this time by the use of laudanum, given by injection, in drachm doses. One drachm daily was, in general, sufficient to quiet the pain enough to allow of sleep. There was occasionally need to use hydrocyanic acid to check the nausea, but otherwise no medicine but the laudanum was used, until the 7th of April, when nitrate of silver was substituted for the acid. It was not tolerated, and on the 10th was omitted. After the 1st of May, she was so unpleasantly affected by the laudanum, that she tried to dispense with it. I was satisfied, however, that nothing else would be tolerated, and expressed that opinion freely.

On the 7th of May another practitioner took charge of the case, and the opiate was discontinued. From the description of the medicine given, I have no doubt that it was tincture of Indian hemp. He was in attendance for two weeks or more, at the end of which time the patient resumed the laudanum injections, as the only means of relief from the insupportable pain. These injections were continued up to the time of death. She seldom vomited until a few weeks before her death, and the substance rejected was frothy mucus. About a week after my attendance was discontinued, she vomited a liquid with considerable black sediment. This appeared several times, and a vial of it was sent to me for examination. It was examined by Dr. Ellis, and was found to be

partially digested blood, mixed with epithelium, fat and vegetable matter, undoubtedly broth. The day before death, I saw her in the morning. She then seemed sinking gradually. For several days there had been black, offensive discharges from the bowels, and the vomiting as before. That afternoon and night there were several discharges of partially coagulated blood. She died soon after 8, A.M., of the 16th of June, retaining her consciousness till within a short time.

An examination was made of the body at 4, P.M., by Dr. Ellis and Mr. John Homans, Dr. John Ware and myself being present.

The liver was of a dark green color, very soft, and crepitated under pressure like the emphysematous cellular tissue. On incision, the substance throughout presented a delicately reticulated or spongy appearance, and was saturated with bile. After being thoroughly washed in water, nothing remained but the firm ramifications of the bile ducts. The latter, although of very small size, arose abruptly from others which were much dilated, this point being well shown, the specimen having been previously injected by Mr. John Homans, Jr. The dilatation involved all of the larger ducts extending backward from the pancreas. The gall-bladder was distended by dark-green bile, and contained ten or twelve irregular blackish calculi, about a quarter of an inch in diameter. The right extremity of the pancreas was considerably enlarged and very firm. Its granular structure had at this part disappeared, and was replaced by a dense homogeneous tissue, which did not present the usual characters of malignant disease, either to the naked eye or when examined with the microscope. The duct behind the thickened portion of the gland was considerably dilated, but, by using a little force, a probe of small size passed into the intestines, through the contracted portion beyond.

The kidneys were stained by bile, and contained much fatty and granular matter.

The large intestine contained much dark, thick liquid, which resembled blood, but no globules were found, on examining it with the microscope. The other organs, with the exception of the head, were examined and found normal.

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## TREATMENT OF THE ASPHYXIA CAUSED BY CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I noticed in a late number of the *Philadelphia Medical and Surgical Reporter*, the statement that Langenbeck, of Berlin, successfully performed the operation of tracheotomy for asphyxia and apparent death from chloroform; hence the following.

During the past winter, I have had occasion to perform a number of experiments upon animals—cats and dogs principally. To

reduce the animals to a state of get-at-ableness, and to prevent interruption to my operations, I have generally administered chloroform; but, to produce complete anæsthesia, particularly in a cat, necessitates very large doses; and I often found that, when I had arrested all the voluntary motions of the animal, the effect was made permanent by the stoppage of the involuntary motions. I observed, too, when the animal lay upon its back, while under the full influence of anæsthetics, that the respiration was often stopped, or else impeded; and when it lay upon its breast, with the mouth turned downward, this did not happen. I could find no explanation for this, except upon the supposition that the tongue fell backward from its natural position, in such a manner as to close the air-passages leading to the lungs, thus preventing the entrance of air into the organs of respiration. I have never noticed this, while the animal possessed any voluntary motion, or power sufficient to hold the tongue in its normal position during respiration. Often, too, when an animal stopped breathing, respiration was immediately resumed, if not too long stopped, by drawing the tongue forward with forceps, partly out of the mouth, and sometimes resorting to artificial respiration. Since the learning of this fact, when performing experiments upon such subjects, I have always confined the tongue partly out of the mouth, and by so doing my animals always live, unless they die from causes extraneous to the results of anæsthesia. I think, if due attention is given to these facts, that most, if not all, of the animals which die by anæsthetic cause, during experiments, may be saved; which is a great desideratum, in the neighborhood of an experimenter or a medical college, where numerous experiments render it difficult to obtain them.

Now, was tracheotomy necessary in the case in which Langenbeck operated? I think not, and its success adds to the truth of this assertion. If he had drawn the tongue forward, partly out of the mouth of his patient, I think the result would have been the same. What other explanation for the success of the operation can be given? I am not aware that pseudo-membrane, or other obstruction, is developed in the air-passages by the administration of anæsthetics. The obstruction must have been between the mouth and cricoid cartilage, and, without doubt, that obstruction was the tongue.

Generally, patients undergoing any operation, from the extraction of a tooth to the amputation of a limb, while under the influence of anæsthetics, are either placed horizontally upon the back or in a reclining position, so that if the patient lose all muscular power, the tongue would naturally fall downward and backward—thus preventing the passage of air, which requires but little change in the position of the tongue. It is not often that we hear of the death of a patient, while possessing any voluntary power.

I think one reason why ether is less fatal than chloroform, is that the anæsthetic effect of ether is not often pushed to the extent



to which chloroform is given, ether being less powerful in effect than chloroform.

I am surprised at the want of knowledge in the medical profession upon these simple facts; and I am satisfied that many of the deaths of persons thus asphyxiated by anæsthetics, might have been prevented by a knowledge and application of them.

*Pittsfield, Mass., August 22, 1859.*

CYRUS B. SMITH.

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#### QUININE IN TYPHOID FEVER IN ILLINOIS.

[Communicated for the Boston Medical and Surgical Journal.]

IN a communication in which some exceptions were taken relative to the statements of P. K. G., respecting the alleged abuse of quinine, "in this section," in typhoid fever, I did not intend to give in detail a treatment which would apply to all cases of this disease; but simply to state that certain symptoms designated by him as belonging to a case, did not, in my opinion, contra-indicate the exhibition of twenty or thirty grains of quinine, in divided doses, though there were superadded to these other and graver symptoms, characteristic of this fever, which might indicate the use of sulphate of morphia, in connection with the quinine; following which, I should expect an amelioration of all the more prominent features of the case. After this, such sustaining treatment should be given as the case demands, which will usually be sulphate of quinine, in small doses at regular intervals, as peculiarly adapted to fulfil the indications. By its tonic properties it has a tendency to prevent a relapse, to which our cases here are very liable. Since malaria modifies the character of our cases (as evinced by the periodical return of febrile paroxysms and delirium, with intervals of less excitement), the elimination of this disturbing element is a desirable consummation, and one easily accomplished in the manner above described. This course will render the affection milder in form, and bring the graver symptoms more within control.

Particular cases, where inflammatory complications occur, require a modification of this treatment, and in most cases the local inflammation, if severe, must be subdued by moderate depletives and alteratives, before the tonic is given. In typhoid pneumonia, in some cases, I have found the exhibition of large doses, to the extent of producing a sedative effect, to be followed with satisfactory results, even in the latter stages when the patient seemed upon the very verge of exhaustion. There are patients, having certain idiosyncrasies, whom a dose of quinine will sometimes purge, and I know a couple of individuals upon whom a dose of morphia will act similarly to one of aloes. In such cases I have found other preparations of bark, or other tonics, and other preparations of opium, or perhaps hyoscyamus, answer all the indica-

tions. In the last stage of a recent case, the use of strychnine has been followed with the best results.

There are cases in which, owing to the irritability of the stomach, quinine will not be tolerated. In such instances, administered in the form of an enema it has proved effectual in this and other fevers. Again, there may be a degree of irritability or inflammation of some part of the mucous membrane of the bowels, which will not admit quinine to be given at once, until this is remedied by such treatment as the particular case demands. Especially should tonics be guarded against if from the character of the epidemic, or features of the case, there seems to be a tendency to that frequently fatal complication, hæmorrhage from the bowels.

Now as to "controlling the delirium" with sulphate of morphia, it was stating only a general rule. Every one is acquainted with the happy effects of opiates in typhoid delirium, which are often *required* to be repeated to the extent of controlling delirium, almost without respect to the quantity administered. But that there are many cases of cerebral vascular excitement or congestion, subacute inflammation, and effusion even, where the sleeping as well as the tonic potion must be administered with great caution, or withheld perhaps altogether, we are perfectly aware, even "at the West."

But in pure typhoid delirium, whoever permits his patient to pass "five sleepless nights" must do so at the risk of incurring an exhaustion which will often prove fatal. If, instead of this, he hazards a "never-ending sleep," by the exhibition of opiates, he will often have the satisfaction of saving his patient.

P. K. G. in substance renews his charge against the profession here of *harmful* exhibition of quinine, and says there "are many Oliver's at the West." He seems to think that the "past four years" experience has qualified him to speak *ex cathedra* upon this point; but, with becoming modesty, he says "it is not my purpose to teach practice"! There have been some new practitioners "from the East" (some *very new*) who have taken lessons in the early months of their Western practice from some of these Western "Oliver's," and from them they have learned the proper manner of administering quinine, which previously their patients had got only in minute and ineffectual doses, carefully dispensed on the point of a penknife. I do not think P. K. G. was one of these.

As I said before, there perhaps is occasionally one who has fallen into a quinine routine; but according to my observation, I have not found Western physicians, those regularly educated, *any more* routinists in their practice than those at the East, and I challenge our neighbor to prove the charges which he has made against all of our profession here by the name of

OLIVER.

*Aurora, Illinois, August 20, 1859.*

## UNUSUAL CONDITION OF THE SKIN IN A FŒTUS.

[Communicated for the Boston Medical and Surgical Journal.]

JULY 16th, I was called to attend Mrs. ———, in her fourth confinement. On my arrival, I found the labor far advanced; the membranes having burst a few moments before. On examination, I found the presentation natural, but was somewhat surprised at feeling several little furrows running in different directions across the head. I had not time for much speculation in regard to their nature, ere the child was born. It presented a very singular appearance. The surface of the body and limbs, with the exception of the hands and feet, was covered with an adventitious substance, resembling in color and structure a piece of tripe. On some parts of the head it was loosely adherent, so that it might be scraped off with a sharp finger-nail. In others, it could only be removed with a sharp knife or scalpel. The skin beneath had an old appearance, much resembling that on the head of an adult when shaved. A similar arrangement of the covering was also observed on the trunk. On the limbs, between the joints, it seemed incorporated with the skin, giving the same external appearance as was presented by the head after shaving. This was deceptive. On cutting through the apparent cuticle, the same tripe-like arrangement was found. The furrows on the head were made in the covering described, running in various directions, with no apparent regularity, varying from an eighth to a fourth of an inch in width. They were found, also, on the body, in all places where the skin would be likely to wrinkle before birth. At the bottom of these furrows, the skin was very red, and apparently very thin. At the flexures of the elbow and knee joints, the skin above shut over that below, on extending the limb—the furrows permitting the extension. The feet and hands were round, as if moulded in a cylindrical tube. The fingers and toes were of the usual length and number, but of small size and drawn down as in some states of spasm. The skin appeared as if tightly drawn, thin and shining, as if containing water; none, however, was found. The right eye was greatly inflamed in appearance; insomuch that there was extensive protrusion of the conjunctival membrane beyond the lids. All other parts were normal. The child had regular discharges from the bowels and bladder, and took nourishment from a spoon with the usual eagerness. It died the third day.

A few coincident circumstances should be named. Some two months after conception, the mother was greatly frightened by an attack of spasm in a child three years old. While in the fit, it is said this child had similar looking hands and feet with those of the new-born infant. Soon after, this same child fell down a long flight of stairs, scratching her face and arms in various places, leaving long red lines. This same girl had also a very severe

conjunctivitis, with protrusion of the membrane. It affected only one eye.

It may be asked, were these abnormal developments in any way due to the impressions made on the mind of the mother? I do not attempt to answer that question, but only state facts, and leave others to judge of their connection.

D. O. PERRY, M.D.

*Portland, Me., Aug. 10th, 1859.*

## TREATMENT OF THE NAUSEA AND VOMITING OF PREGNANCY.

BY J. H. WARREN, M.D., NEPONSET.

[Communicated for the Boston Medical and Surgical Journal.]

How much has been written and said upon this subject, and what a vast catalogue of medicines have, from the most ancient to the more modern times, been recommended and tried as sure specifics; and how often has the most aspiring and faithful son of Æsculapius been obliged to disgorge his strong faith in them, as the nauseated patient does the most potent draught administered by his kind hand! External applications over the epigastric region have been often resorted to with a good degree of success. Perhaps the tincture of opium and brandy, or the tincture of opium alone, stands at the head of the external medicines, at least as far as my observations have extended, it having often entirely relieved the nausea and vomiting. I have in some few instances added one drachm of the tincture of iodine to one ounce of the tincture of opium, with benefit. With internal medicines I have had but little success in relieving this distressing complaint. The most efficient I have tried, is the pill of nitrate of silver and opium, recommended by our distinguished and learned friend, Prof. W. Channing. But even this little pill has failed in my hands of accomplishing the desired result.

Of late, applications to the os uteri have been recommended, with a slight show of success; upon what scientific principle, I leave others to discuss, as my intentions are only to mention some, and the success I have had in the use of them. Various agents have been suggested. The tincture of iodine has been favorably spoken of by some authors. I have applied it to the os in a few cases only, as the complaints of the patient, of a metallic taste of the iodine in the mouth, show it to be about as great an annoyance as the sickness we endeavor to remove by its use. I can conceive, however, that this agent might be of vast value in cases of scrofulous disease in this organ. Otherwise, I should have but little faith in the use of it, so long as we can have recourse to other agents less objectionable in their effects, and equally as potent as the iodine, in assuaging the distress of this unpleasant complaint, and more especially if there exists any inflammation of

the mouth and neck of the womb, a very common concomitant affection now-a-days, as every practitioner knows, with pregnancy. What is better here than the nitrate of silver? Its result in reducing inflammation and ulceration is an established fact, and it will prevent nausea and vomiting in pregnancy, if properly applied to the os and cervix uteri, as well as iodine, and that without the unpleasant taste in the mouth.

In passing upon applications to the uterus in these cases, I would take the liberty of calling attention to the application of the tincture of benzoin and chloric ether, which I have been using with as good an amount of success, as any agent I have employed, and it has the advantage of being very simple. I would particularly recommend it where there is much neuralgic pain and excessive leucorrhœal secretion. I have found nothing so beneficial in these last-named accompaniments, as this preparation. By adding a few grains of acetate of morphia to this, it will also be found a very efficient remedy in painful menstruation, and will seldom fail, in the practitioner's hands, of giving ease and comfort to the female, during this her much-dreaded period, if applied just before or at the commencement of menstruation. It should be painted upon the os and cervix, once in three or four days; and may be continued throughout the whole period of pregnancy without any unpleasant effects. My formula for this preparation:—R. Tinct. benzonii c., ℥ii.; chloric ether, ℥i.; acet. morphia, grs. ii. M. These applications should not only be made to the mouth of the womb, but should extend to the neck, if we wish to gain a favorable result from them. If the silver be used, it cannot be applied too lightly; a very slight pencilling is all that is required. If applied so as to produce sloughing and discharges, it will fail of accomplishing our desires. Are not the good effects of these applications to be accounted for, from the fact that they form a protecting coat over the congested and abraded uterine mouth and neck, that may take place in the impregnated uterus, thereby allaying the irritation of the external uterine nerves and vessels, by equal pressure and protection from all external influences of vagina and other sources? I should be happy to hear the result of the use of these preparations in the practice of other medical gentlemen.

In addition to the above, I have used injections of Ferri aluminis, ℥i.; inf. opii, ℥ii.; aquæ dist., ℥viii. M. with some benefit. These can be used where it would not be expedient to employ the speculum. I sometimes substitute iodide of zinc for the alum. This is more applicable to those cases where there is slight spasmodic action in this organ, or in the neck of the bladder. I use five grains of zinc to the ounce.

## ON THE EXTERNAL USE OF MEDICINE.

BY J. B. THOMSON, L.R.C.S., EDINBURGH, RESIDENT SURGEON, GENERAL PRISON, PERTH.

My attention has been drawn to this subject by an article from the *Bulletin Général de Thérapeutique*, "*on the best form to be given to certain pharmaceutical preparations intended for external use.*"

The author, M. Deschamps, arrives at the general conclusion, in which I concur, that therapeutical agents may pass through the skin, diffuse themselves in the system, produce physiological effects, and be expelled by the ordinary passages. As to the question, in *what forms* these agents may be introduced through the skin so as to produce their therapeutical effects, I differ somewhat from M. Deschamps, and on this point I beg to offer the results of my professional observation and personal experience for several years.

1st, *Of Oily and Greasy Applications externally.*—M. Deschamps alleges that these do not possess any great therapeutical efficacy. I have been long convinced of the contrary, and the proof seems to my mind satisfactory. During seventeen years' observation, in a district where the population is much employed in woollen manufacture, I came to the following conclusions, viz.: that puny and weakly children, in a few weeks after entering the woollen mills, exhibit a marked improvement in physical appearance; that the oils (chiefly olive) among which they work pass into the system by the skin in considerable quantity, relieving scrofulous complaints, and improving the general condition of the operatives. Further, this opinion is established by a comparison of the increased weights of those working in the more oily departments—by the comparative weights of those young persons employed in the cotton and those in the woollen factories—by a comparison of those in the woollen factories and those without, in the same locality—and by the declension in weight when individuals are taken from the more oily to the less oily occupations of the factory.

Applied as medicaments, we have the testimony of various practitioners of note to the efficacy of oil-inunction, and especially of Professor Simpson, who has written a valuable pamphlet on the subject. M. Deschamps tells us that he composed a soap with iodide of potassium, and after rubbing it four times upon his epigastrium, and analyzing the urine in the intervals of the frictions, he found it to contain appreciable quantities of iodine. Let him try the experiment with 3ij. of the iodic. potass. to 3j. of lard, and he will find the same result; or let him rub into the epigastrium 3j. of tr. opii and 3ij. of olive oil, and within half an hour it will very likely set him quietly asleep. At least, such is the usual result of my personal and professional experience. I think it is generally admitted that the most remarkable effects of the

external applications of mercury and iodine are in the form of unguents.

2dly, *Of Medicines of an Anodyne Nature applied externally by means of Plasters.*—I beg to add the following from my notebook.

M. S. had a belladonna plaster applied to the forehead for neuralgia. Within six hours from the application she was delirious, with pupils much dilated. The plaster was removed, and the delirium and dilatation went off. The experiment was repeated with the same result.

A. L. had a belladonna plaster applied to the pit of the stomach, and soon after became surprised at the incoherency of her ideas, and wandering state of her mind. The pupils were dilated also. The plaster was removed, and the symptoms went off. I repeated the application, and the same results followed. In at least six other cases, I have seen the same effects.

Opium plasters, applied to the stomach, I have in several instances found also to produce narcotic effects.

In two of the cases, where the belladonna plasters were applied to the lumbar region, the symptoms were more slightly observable; and my experience of the external application of medicines leads me to the belief that these are *most effectual* when applied to the *epigastric region*.

3dly, *Of medicines externally applied, tinctures* have been found in my hands most rapidly absorbed. Take the following examples:—

M. N. had occasional attacks of delirium tremens, under which she became excited and sleepless. When she first applied to me, I gave her forty drops of the liquor morphiae, repeated within three hours without any effect, during two successive nights. The third night, thirty drops of the tr. opii were rubbed upon the epigastrium, after which a quiet night ensued. This patient came frequently under my care for the same complaint, and I always found the friction of half a teaspoonful of tr. opii induce sleep. Taught by this case, I have not for many years given opium internally (but have been generally successful with the above treatment) in such cases.

W. R., subject to periodic attacks of insanity, attended with sleeplessness. I seldom could bring on complete sopor, but a subsidence of his violence generally followed the rubbing on the epigastrium of a teaspoonful of tr. opii.

In cases of intestinal spasm, where laudanum and ether given inwardly failed, I have often seen relief speedily ensue from laying over the abdomen hot cloths sprinkled with a teaspoonful of tr. opii or tr. hyoscyami.

In order to be thoroughly satisfied of the *post hoc* and *propter hoc* in my practice of endermic medication, I have experimented largely upon my own person with narcotics.

After infriktion of the epigastrium with half a teaspoonful of laudanum (which I have tried 50 or 60 times) I have experienced as follows:—The pulse rises—the ideas increase in activity—incoherence and confusion ensue—a sense of fulness in the head—perspiration—and in from 20 to 25 minutes after the application sleep unconsciously takes place.

With chloric ether and sulphuric ether very similar effects follow:—the pulse rises and becomes full—perspiration succeeds—then incoherency of ideas and sleep. In some instances, with chloroform, chloric ether, sulphuric ether, laudanum, and tr. hyoscyami, if complete sleep does not occur, there is excitement and dreaming, and for at least twelve hours a sense of drowsiness.

I have experimented on the different effects of these substances on different parts of the body:—If applied to the frontal or occipital region the same takes place—rubbed into the hands and feet, rather more is required, say a teaspoonful of the above-named narcotics; but I find that the epigastrium more rapidly and successfully absorbs all these substances.

I have observed that the conditions of the system, especially the state of the stomach, deserve to be attended to particularly. If the endermic medication is made when the stomach is disordered, or while in a state of repletion and actively engaged in the process of digestion, the disturbance of the system is greater, and dreams and confused imperfect sleep are the result.

In smaller doses than I have mentioned, the narcotic, when repeated every three or four hours, slowly but surely produces soporific effects.

The practical lessons I learn, from ample trials made upon my patients and upon myself for many years, are as follows:—

1st, That endermic medication is entitled to much greater attention by the general practitioner than it has received. The endermic, or, as it was at one time called, the iatroleptic, method of medication seems to me to have been almost altogether ignored by the profession. I find almost entire scepticism on the subject prevail as to the possibility of introducing agents through the unbroken skin of the human body. When a student, I was indoctrinated into the belief, from the professorial chair, that the epidermis must be first removed by a blister, and the denuded part powdered with the medicament, before cutaneous absorption took place; and even then it was trifling, and only strong poisons could be so absorbed into the system efficaciously. I hold very different views indeed; nor am I without the concurrent testimony of a few medical authorities.

Several physiologists agree in having proved that water, at 82° of Fahrenheit, is taken into the body, giving increased weight. Several alkaline substances, rhubarb, and coloring matters, dissolved in baths, have been detected in the urine of those subjected to baths holding these substances in solution. Vaccine vesicles



have been procured without puncture, *by keeping lymph in contact with the unbroken skin*, and excluding it from the air by a coating of blood. Vegetables and some small animals, steeped in laudanum, are paralyzed. An aqueous solution of opium produces this effect on the barbery and the sensitive plants; on the frog and the mouse. Dr. Christison admits that opium has been known to act through every channel by which it can pass into the system, by the unbroken as well as the broken surface; and I doubt not, in these days of refined and ingenious systems of poisoning, may be used as a poison. A case is narrated where an opium poultice to the blistered scrotum produced profound sopor, and the cause was happily discovered in time to save life. A child of two months old nearly perished from a cerate, containing fifteen drops of laudanum, kept twenty-four hours upon a slight excoriation; insensibility and convulsions having supervened therefrom. A soldier having crysipelas was ordered a lint-seed meal poultice with fifteen drops of laudanum sprinkled on it, and next morning deep sleep, convulsions, twitching and death followed. The attendant had thoughtlessly poured on and soaked the poultice with laudanum to the extent of an ounce. Added to these facts, we have the certain results of mercury, iodine, &c., to prove that endermic medication deserves a higher consideration in medical practice than it has yet received from the profession.

Another lesson from these facts is:—

2d, That the evil effects of opiates introduced by the mouth may be, and ought to be, avoided by the adoption of endermic medication. Where there is biliary disorder, the internal administration of narcotics is often injurious, by impairing the tone of the intestinal canal; and my own experience leads me to the assurance that the external application is at least equally efficient as a remedy. In inflammation of the stomach and bowels, opiates internally produce constipation, diminishing the vital energy of the whole canal at the very time when every effort is called for by the *vis medicatrix* to arrest and repair disease and disorganization. The application of narcotics *ab extra* seems to lead to their absorption into the blood, so that they act generally as well as locally on the system.

In conclusion, I am glad to see the papers of Dr. Alexander Wood, Dr. W. B. Richardson, and others, bearing upon the action of medicaments, applied *ab extra*. As to the voltaic narcotism of Dr. Richardson, it seems to me that its results are due to local absorption; and similar results follow the simple topical application of narcotics, and especially if friction is used. I have no doubt, however, that in many instances, the stimulus of electricity powerfully aids the cutaneous absorption.

If these observations in any way tend to impress professional readers with a belief in the value of endermic medication, my object in penning this paper will be duly attained.—*Edinburgh Medical Journal*.

## Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION. DRS. J. N. BORLAND AND ROBERT WARE, SECRETARIES.

MARCH 2d, 1857.—*Treatment of Mammary Abscess.* Dr. CABOT, in answer to a question from Dr. STEVENS as to his opinion of the value of external applications in mammary abscess, said that mammary abscess was due to a peculiar cause, which made it differ from common abscess, and rendered it less amenable to treatment. The anatomy of the breast, with its milk tubes radiating from a central depot, has been compared to the fingers of a glove spreading out from the palm. The inflammation, caused by the plugging of one of these tubes, backs up till it reaches the depot, and then runs down the other tubes; as a consequence, the abscesses point in various parts of the breast. He thought that bandaging the breast, so as to ensure complete support, was of much benefit.

Dr. STEVENS had never seen mammary abscess cured by external applications.

Dr. CLARKE spoke very highly of the application of leeches during the time between the chill and the existence of pain, or when pain is only felt on pressure. By such application the abscess is often aborted.

Dr. BUCKINGHAM thought an abscess from lactation unnecessary. Nineteen out of twenty, he said, are the result of meddlesome treatment. He strongly objected to the usual custom of nurses, of beginning to rub the breast, or to apply the breast-pump, as soon as any pain is felt in the breast. The breast should be let entirely alone, and the child should be applied only to the well side; its nursing will cause milk enough to run from the affected side to relieve it. If both breasts are affected, the same plan should still be followed, and the child should not nurse either of them. They will swell and grow painful for from twenty-four to thirty-six hours, when a flow of milk will take place, and the trouble be relieved. Even after the formation of pus, the let-alone treatment is the best; the application of leeches only increases the pain. He first saw this treatment, with the addition of a belladonna lotion, recommended in the pages of the Boston Medical and Surgical Journal, several years ago; he had always attributed the good results to letting the breast alone, and not to the belladonna. The plan of non-interference is supported by analogy. Mammary abscess is an unknown disease among the lower animals, although he had heard of two cases occurring in cats, when it was induced by the compassion of a servant girl, who tried to milk out the teats.

Dr. PUTNAM thought it was good treatment to leech, and to keep the breast warm and moist after a chill. After the woman stops nursing, he often applies a soft, bland ointment, to satisfy her, and to make the nurse and others let the breasts alone.

Dr. E. H. CLARKE spoke in approbation of the let-alone plan of treatment, which he had followed for three or four years past, on Dr. Buckingham's recommendation. He occasionally, however, uses leeches after the chill.

Dr. BUCKINGHAM thought the same method should be followed with sore nipples. The child should be nursed only from the well side, and the milk should be allowed to flow from the affected side. If there is

much pain, the extract of belladonna, mixed to a cream-like consistence with water, and rubbed round the areola with the finger, gives some relief. Women with dark nipples rarely suffer from sore nipples, whereas those with pink ones are very liable to be troubled. The various astringent washes, which are used as preventives, he considered injurious, as they remove the oil which is secreted for the protection of the nipple, and bring on what they are intended to arrest. It was his custom to advise the application of oil before the labor, and he thought this of more service than anything, possibly because it satisfied the patient, and kept her from using the various washes advised by her friends.

Nov. 15th, 1858.—Dr. REYNOLDS said that he had had several opportunities of treating threatened inflammation of the breasts according to Dr. Buckingham's plan, and had been satisfied with the results. He had followed the plan in upward of fifteen or sixteen cases, and of these only two had suppurated. In one of these the patient was of an unhealthy and scrofulous habit, but in the other there was nothing of this to explain the suppuration, and he was inclined to attribute it to the condition of the nipples, which were very much retracted. One of the nipples was drawn out, and that breast did not suppurate; the nipple of the other was so bent, that it seemed as if the milk was entirely prevented from flowing through, and this one suppurated. He questioned if there were not some cases in which the old method of drawing out the nipple and rubbing with oil was more applicable than the let-alone plan recommended by Dr. Buckingham.

Dr. PARKS said he had followed this plan in several cases with very satisfactory results. He had limited its application to those cases in which there appeared to be distension of the breast from over-secretion of milk, and had continued to use the common methods for those cases where there was obstruction of the ducts, or actual inflammation.

Dr. COALE thought it would be a very difficult matter to persuade patients to wait thirty-six or forty-eight hours. The pain was usually severe, and the whole system in an irritated, excited state, which made the suffering more intolerable. He had been very well satisfied with the results obtained by gentle friction with camphorated oil; he had seen several cases in which very sensitive lumps had been dispersed in a few hours in this way. He always directed that the rubbing should be gentle, and be prolonged for fifteen or twenty minutes at the time. In answer to a question from Dr. WILLIAMS as to how long the oil was applied before relief was obtained, Dr. Coale said that he could not state absolutely how many hours were required, but he could call to mind cases in which, finding the breasts painful and distended in the morning, he had advised friction with the oil, and had found the symptoms relieved in the evening, or on the following morning. He had formerly been opposed to rubbing in any shape. In cases where the trouble seemed more advanced, he had derived advantage from the application of blisters; the blistering tissue was fitted closely over the breast, and often gave great relief by the amount of fluid discharged.

Dr. WILLIAMS said that patients must expect to suffer pain with any form of treating this affection, and, if the "let-alone" method promised immunity from suppuration, it was for their interest to suffer it; moreover, it could be much relieved by opiates and anodyne applica-

tions. He considered Dr. Reynolds's success very good in such a number of cases. He had himself had an opportunity of observing several cases, in which this method was adopted with very satisfactory results.

Dr. SLADE's experience with mammary abscess had been mostly at the Dispensary office, where patients usually present themselves with breasts, in which the difficulty has been allowed to run on till the only thing for the surgeon to do is to evacuate pus, or hasten its formation. In cases occurring elsewhere, in which he had tried the expectant method, he had not been satisfied with the results.

Dr. REYNOLDS remarked that patients did not usually make great objection to the method on account of the pain; they were so anxious to avoid suppuration that they would submit to anything which promised escape from it.

Dr. PUTNAM said that the apparent uncertainty of treatment arose from not considering the exact condition of the breast. In some cases the affection was of the mammary gland, and the milk tubes were obstructed; while in others, the inflammation was in the cellular tissue. In either case, if seen early, free leeching was of great advantage, and, next to this, he had derived most benefit from cold applications, the acetate of lead lotion, &c. When small knots were formed, gentle friction was of use, and it was good treatment to open the milk ducts when they were manifestly distended. There was one objection to the let-alone treatment, that, by keeping the child away too long, the secretion might fail altogether.

He thought that blistering was only the let-alone treatment by compulsion, for a patient would be very careful how she touched a freshly blistered breast, no matter what the amount of distension. He had supposed Dr. Buckingham's objection was to working at the breast with a view to get off the milk, and, no doubt, when the breast was inflamed any such handling and rubbing must be injurious.

Dr. BOWDITCH considered the wash of the acetate of lead of use in diminishing or arresting the secretion of milk. In some cases this effect had been produced sooner and more completely than was intended.

Dr. PUTNAM asked if any one had used belladonna, which had latterly been so much recommended.

Dr. SARGENT had used it in two or three cases, not to suppress the milk, but to relieve indurations. He rubbed on a piece of the official ointment as large as a pea. It seemed to relieve pain, and made the patient sleepy, but he had noticed no other effect.

Dr. COALE had tried it once, without much benefit; it made the patient thirsty, and set her head swimming. He spoke of the use of breast pumps, and thought that a part of the harm they did was due to their faulty shape. They ought not to be used at all as made at present. The sharp edge of the cup presses upon the tubes where they enter the nipple, and must obstruct the flow of milk through them, thus defeating the very object with which the pump is used.

Dr. ELLIS asked Dr. Putnam for how long a time after the apparent disappearance of the milk, it could be recalled by the application of the child.

Dr. PUTNAM said that he had known the secretion to be recalled after a suspension of two or three weeks, but he could not say exactly up to what period this was possible.

Dr. SARGENT said that he had not understood Dr. Buckingham to say that suppuration would be avoided in all cases by letting the breast relieve itself, but that a discrimination must be made between those cases in which inflammatory exudation had, and those in which it had not, taken place. In the latter, suppuration might always be avoided, and in the former it was, to say the least, not more likely to ensue if the breast were let alone.

JANUARY 17th, 1859.—Dr. E. H. CLARKE read the history of a case which presented an unusual (submaxillary) form of mammary abscess. In the discussion which followed, Dr. MINOT said that he thought the formation of an abscess in the breast was sometimes prevented by strapping with adhesive plaster. It was his habit, after the chill, to compress the breast in this way, and to give a cathartic, which will produce watery discharges, and this course had seemed in some cases to prevent the threatened suppuration.

Dr. CLARKE thought that abscess was rarely, if ever, prevented; possibly it was in a few instances by leeches applied early, but not by strapping, which method he had tried without avail.

Dr. HODGES said that he should suppose the advantage of strapping a breast, with a view to the prevention of abscess, would be from the support thus afforded, rather than from the compression produced. Entire support was, he thought, one of the chief requisites in treating inflamed breasts.

Dr. PARKS referred to Dr. Clarke's opinion that a really inflamed breast was rarely, if ever, prevented from suppurating, and said that, though this was perhaps true as a general rule, cases did occur in which there were chills, with pain, redness and swelling of the gland, but not resulting in the formation of pus. He called to mind especially one case, where symptoms had existed for some time, and spongopiline was applied with a view to hasten suppuration, which it was supposed must necessarily occur; but relief followed, and no pus was formed. He had lately treated several cases of acute engorgement of the breast with quarter-grain doses of antimony, producing nausea and vomiting, with relief to the symptoms, which had been very severe.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 1, 1859.

SANITARY MATTERS.—Most our readers are familiar with the reports which are circulated daily about the condition of the river Thames, and the extreme discomfort, not to say danger, to which the inhabitants of London are subjected, in consequence of the foul and noxious emanations which arise from it. Notwithstanding all the precautions which have been taken, the houses of Parliament have been subjected to serious inconvenience from their vicinity to the river, and we read that the ponderous wheels and screw of the *Great Eastern*, when set in motion for the first time, stirred up such powerful odors from the reeking tide as greatly annoyed those who were partaking of the banquet on board. The remedy for this state of things which seems

most likely to prove successful, should it be adopted, is to construct a closed canal along each bank of the river, to receive the contents of the sewers, and conduct them below the city, where they may be transported to different places, to serve as manure.

The expense of this undertaking would be gigantic, but the necessity for it is such that it will doubtless be accomplished ere long. In the mean time a similar enterprise has been achieved in Paris, as will be seen from the following extract from a letter, which we take from the *London Lancet*.

"The termination of the great conductor beneath the pavement of Paris is regarded as an immense success by the engineers connected with the enterprise. This gigantic drain is considered one of the wonders of modern engineering, and is destined, it appears, to form the great artery of a system of sewerage which has long been in contemplation both for the salubrity of the city and for economy at the same time. Two of these stupendous drains are to be constructed in a line parallel with the Seine, and to conduct the refuse waters of the city into a vast reservoir, whence they are to be disseminated as liquid manure over the most barren of the plains around Paris. The system adopted is that experimentalized at Berlin with such eminent success that the sandy plains in the midst of which that city is situated have been converted, within the space of a few years, into the richest meadow land in the whole of Northern Germany. The new system, which will come into action in October, is considered one of the greatest benefits conferred as yet upon the inhabitants of Paris by its very liberal municipality."

The time is not far distant when the necessity for a similar undertaking in our city must be seriously contemplated. The introduction of an abundant supply of water, while it has served to purify the city, has corrupted the waters which surround it, into which the sewers pour their contents. The amount of solid matter which is thus poured into our harbor is prodigious, and where it is not washed away by the current, forms deposits which, besides their deleterious influence on the health of the inhabitants, will soon prove a serious evil by filling up the docks. Last year we were struck with the accumulation of this soil in viewing the opening of the drain at the bottom of Mount Vernon Street, where the current had been obstructed by building a sea-wall; it has become necessary to extend the drain beyond the wall, in order that its contents might be carried away by the tide. The area of Boston is rapidly extending; now that the work of filling up the Back Bay is pushed forward so vigorously, we may soon expect to see a new city built there, whose sewers will empty into the river, on the opposite side of the Mill-Dam. The obstruction to the shipping will become greatly increased, and the area of the harbor will be in danger of becoming seriously encroached upon, unless some other means be adopted for getting rid of this deposit.

Now when we consider that the solid contents of our sewers are most valuable manure, the reason for preserving and utilizing this material becomes still more apparent. We send ships to the antipodes in search of guano, while we throw into the sea a manure as precious, and which costs us nothing. Were all the sewage of Boston preserved, and spread upon the soil, in a few years it would turn our State into an agricultural one. Instead of barren fields and sterile hills, we should have luxuriant crops, and a new source of wealth. All this is known, it has been demonstrated, as in the case of Berlin, and yet how slow are we to undertake what all acknowledge to be a most desirable and a most lucrative enterprise! Meanwhile all this golden treasure is silently but rapidly drifting out to sea, to return to us again,

but after undergoing many transformations. It serves as food for countless animals, who in their turn are devoured by seabirds. These deposit a portion, in the form of guano, upon the desolate islands of the Pacific, whence it is brought with much expenditure, of toil and treasure, to be spread upon our lands, and to undergo again the same routine.

We have made but a passing allusion to the effect on the public health of this deposit, upon the shores of the river and harbor. The sulphuretted hydrogen which it evolves is well known to be a most noxious agent, and if any further proof of its presence were needed than its intolerable odor, its effect in blackening silver door-plates and knobs will satisfy any one, we think, who will take the trouble to walk through Charles street. An uncompleted sea-wall allows a great accumulation of foul material along the shore, of which the citizens in that quarter have the full benefit when the tide is low and the wind westerly. There has been a remarkable prevalence of easterly breezes throughout the summer, and it is doubtless owing to this dispensation that no very fatal epidemic has prevailed in the western part of our city during the present season. Had the season been as hot as usual, it is probable that the number of deaths from bowel complaints would have exceeded even its present high proportion.

INHALATION OF CHLOROFORM IN HYSTERIA.—Dr. Briquet, in a paper on hysterical convulsions, in the *Archives Générales de Médecine*, recommends the inhalation of chloroform during the paroxysm, a treatment which he has scarcely known to fail.

He says that hysterical patients are so susceptible to the influence of this agent, that a very small quantity is sufficient to produce sleep; while their convulsive state gives them a muscular power and a vital force which entirely protects them from the accidents which sometimes result from the administration of chloroform to debilitated subjects; neither convulsions, coma, somnolence nor syncope are noticed. The small number of subjects who do not yield to this mode of treatment are those who are physically very powerful, who are of a sanguine temperament, and whose attacks are very violent.

In those cases in which the hysterical paroxysm is preceded by pain in the limbs or trunk, the topical application of chloroform often relieves the pain, and prevents the convulsions to which the latter gives rise.

INGENIOUS DEVICE.—We notice in a New York newspaper, an advertisement, half a column long, headed "Health of American Women," setting forth the virtues of the "Graefenberg Medicines." The proprietor of these medicines, or the "Graefenburg Company," represented by Dr. Bridge, a "regular physician, of fine attainments and of great judgment and discrimination in the treatment of disease," offers testimonials "from the Governors of two States, the Chairman of the Board of Health of New York, one of the surgeons-in-chief of the Bellevue Hospital, many clergymen—including the Rev. N. BANGS, D.D., the Head of the Methodist Church; the State Chemist and Assayer of the State of Massachusetts; the Mayor of New York City; the United States Commissioner to Great Britain; the proprietor of Barnum's Museum, and many other public men," &c. There is nothing surprising in all this, for many of the above names are attached to

other quack medicines, and there is a frankness in placing the "proprietor of Barnum's Museum" on the list, which is quite refreshing. We confess, however, we were not a little surprised to see the names of several of the most eminent New York medical men appended to the advertisement. While we were wondering how these names could possibly have been procured, a closer examination showed that though they are printed in a conspicuous manner, so as to appear at first sight as if endorsing the wonderful virtues of the Graefenberg medicines, there is in reality no fraud, since it is only stated that "convincing and unanswerable arguments have been addressed to the leading physicians and surgeons of the day, prominent among whom were Dr. Valentine Mott, President and Professor of Surgery," and half a dozen others. We do not know what reply these gentlemen made to the convincing and unanswerable arguments, but the Graefenberg Company has not seen fit to publish them, perhaps with a view of persuading the public that "silence gives consent."

THE *New York Times* relates the case of a man's death being caused by the skinning of a rattle-snake. His thumb was accidentally cut by the knife used in skinning the snake, when his hand and arm began to swell, and in a few days death took place, the body being covered with livid spots.

THE *Middleboro' (Mass.) Gazette* records the death of a boy in Plympton, from the bite of a snapping turtle—death taking place in a few days after the bite, with all the symptoms of hydrophobia.

The Medical Library of the Pennsylvania Hospital, founded in the year 1763, now contains about 11,000 volumes.

Dr. Louis Bauer, of Brooklyn, N. Y., reports a successful case of recto-vesical lithotomy. Silver sutures were used, and were withdrawn seven days after the operation, and the patient was discharged cured the next day.

Dr. Longet, well known by his valuable contributions to science, has been appointed Professor of Physiology at the Faculty of Medicine of Paris.

M. Bean, an hospital physician of Paris, has found that workmen who handle lead do not suffer from phthisis, and that the progress of this disease has been stopped by symptoms of lead poisoning.

APPOINTMENT AT THE EYE AND EAR INFIRMARY.—It gives us much pleasure to announce that Dr. ALGERNON COOLIDGE has been appointed one of the surgeons of the Massachusetts Charitable Eye and Ear Infirmary.

HEALTH OF THE CITY.—The mortality last week was large. Out of 101 deaths, 63 were of subjects under the age of 5 years, and the number of fatal cases of cholera infantum was 34. There were 7 deaths from dysentery, 6 from "infantile diseases," and 2 from smallpox. The number of deaths for the corresponding week of 1858 was 103, of which 26 were from cholera infantum, 4 from dysentery, 12 from consumption, 5 from pneumonia, 0 from smallpox, and 5 from whooping cough.

DIED.—In this city, 24th inst., Julia Parks, wife of Dr. Luther Parks, Jr.—At Byfield Parish, Newbury, 19th inst., Dr. Charles Toothaker, 80.—At East Kingston, N. H., 27th inst., Dr. Levi B. Gale, formerly of Boston, 53.—At Sacramento, Cal., July 29, of consumption, Dr. Henry Barbeck May, formerly of Boston, 42.

Deaths in Boston for the week ending Saturday noon, August 27th, 101. Males, 49—Females, 52.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 2—disease of the brain (tubercular meningitis), 1—burned, 1—cancer (in the lungs), 1—consumption, 7—convulsions, 2—cholera infantum, 34—cholera morbus, 1—dysentery, 7—dropsy, 2—dropsy in the head, 3—drowned, 1—debility, 1—infantile diseases, 6—erysipelas, 1—scarlet fever, 2—typhoid fever, 2—gangrene, 1—hemorrhage (of the lungs), 1—intemperance, 1—inflammation of the lungs, 1—congestion of the lungs, 1—marasmus, 1—old age, 1—palsy, 2—pleurisy, 1—disease of the spine, 1—smallpox, 2—sore throat, 1—synovitis, 1—teething, 4—unknown, 1—inflammation of the uterus, 1—whooping cough, 3.

Under 5 years, 63—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 12—above 60 years, 4. Born in the United States, 82—Ireland, 16—other places, 3.

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No. 6.

"NEVER TOO LATE TO MEND."

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—You doubtless have read the excellent novel of this name. A lady once recommended it to the wife of a medical acquaintance of ours. Said he, looking gently up from Durkee's handsome page, "Do not, I beg you, madam, do that, for my wife sits up till midnight or more, mending my old clothes, and should she read that book it is odds if she come to bed till daylight."

"A novel text for a medical sermon." "It is a novel one; we'll see what sort of an *improvement* we can get out of it."

In my Note Book, I have some cases which might pretty well have been despaired of. Some were. But after all, some of them got well, in spite of both diagnosis and prognosis. Perhaps you may not think them unworthy your fair pages.

Dr. Rush, of whose lectures it was my privilege to attend two whole courses half a century ago, after attending one of which I was admitted to examination, and received my Degree, for which I afterward got an *ad eundem* at another university, and which was the only other Degree which I ever got, and which I believe anybody graduated almost anywhere, may get for \$5.00—Dr. Rush never despaired of a case. With him, literally, "while there was life there was hope." Consumption he believed was to be cured. Its remedy was somewhere, and would be found, he used to say. He prophesied a remedy for pain. A medical friend of his attended a woman in labor, who was dead drunk. She was delivered while in this state. She had no pain, and woke up wholly unconscious of what had happened. The womb went on with its work, while all voluntary work had ceased. Sensation was lost, but not organic power. Dr. Rush's prophecy has been fulfilled in our day, and, most grateful are we, in our own city.

Dr. Isaac Rand, Sen., who died an octogenarian, once said, that he would rather be condemned by the whole College of Physicians of England, than by the twelve judges. The doctors might be mistaken, he would say, with a twinkle in the tail of his light blue eye, but from the criminal assizes there was no escape.

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I once was attached to a Hospital, and patients were now and then discharged *incurable*. Some of them afterward *got well*. There was a case for memory. It was of a favorite domestic of two maiden ladies—a maid herself—much valued in the then comparatively quite small community in which these ladies lived. She was not young, nor old, technically, as the word applies to women. She entered the Hospital for dropsy, at first ascites, but in due process of time having extensive anasarca superadded. It was a bad case to look at; great sympathy. It was a day of heroic medication. She had elaterium, and was aware of its results. Salivation came in for a fair share in the treatment. But no improvement. "*As yesterday*"—"as before"—literally, was the daily record. She passed into my service. I being then a young man, followed suit—taking it for granted that diagnosis was all right, I never, not dared, but never thought of making it a question. She was at length discharged *incurable*—and not long after, the old maid had twins. I believe I have never used the word "*incurable*" since.

But to my Note Book.

Mrs. —, about 30, had her first and only child some years ago, and has never been quite well since. She grew worse about four years ago. Her complaints always referred to the left iliac and pelvic regions. She took various advice, always describing her symptoms distinctly, for they were persistent, and very distressing. The last physician she consulted said her womb was diseased, and applied caustic to the os uteri. She told him of the pain and soreness about and above the left groin, but he made no examination there. Mrs. — called on me about a fortnight after she consulted Dr. —. This was the beginning of this year.

I found Mrs. — emaciated, weak, dispirited, and withal suffering much. No disease of the os uteri was detected. A firm flattened tumor was felt between the womb and the left sacro-iliac region. Its lower edge was semi-lunar in outline, hard, very sensitive, the least pressure or touch giving severe pain. It was clearly a portion of the uterine appendages, much compressed between the womb and side of the pelvis referred to. In the iliac region was a large tumor, coming up from inside the brim, and immovable. This was as tender on pressure and as acutely painful as was what seemed its extension into the pelvic cavity down from the brim. Dysuria and obstinate costiveness made very annoying complications of this case.

The disease was evidently on the increase. The iliac tumor grew. It was irregular of surface, nodulated, hard, increasing in pain and tenderness. The skin, as at first, did not all adhere to it. Whatever changes, there was no tendency to the surface—no pointing, no redness, no tenderness of integument. Then dysuria increased—daily chills, heat, and sweat. This last was so profuse as to make the nights wretched. The pulse grew rapid, small;

emaciation more and more pronounced. One day the catheter was used. Some ill-looking urine was drawn, and a clear puff of wind came through the catheter, with pus. Here was light. The abscess, of whatever organ, the existence of which the chills, &c., had so strongly declared, was opened into the bladder. From this day the urine was loaded with pus. It was daily kept in a translucent glass bottle, and the quantity of the pus daily seen. Some relief followed soon, and which constantly was more declared. The iliac tumor grew smaller, but the compressed portion of it in the pelvis did not for some weeks change. At length it grew smaller, and at last, with its iliac and abdominal extension, entirely disappeared, and now, the middle of July, 1859, not the least vestige of either remains.

So deeply and so long had disease existed in this case, that convalescence has been very slow, and recently much trouble has been felt in the *right* iliac. So tender has it been, that Mrs. — has been sure that another tumor was forming there. But nothing of the kind exists, and she has just returned from a fortnight's stay in the country, in better health than for years. Her appetite and digestion are good. The bowels and bladder are well. The period is regular and easy. She is doubtless getting well.

Here was a case of years' standing, and for the cure of which much had been done, and, as the patient said, had cost much money, and nothing of good to show. When it came under my care, it was to be *cured* indeed, but in a literal sense of that much abused word—namely, *taken care of*. The indication was simple, and as clear as day—namely, to make the patient as comfortable as possible, and to sustain her so far as this might be done. Her recovery was necessarily to be through a slow but constant process of waste. The indication was not to interfere with the process any farther than to supply its means, knowing surely that repairs or Mending would come when it was needed. And it did come.

What, or where, was the seat of this disease? In the broad ligament. Its pelvic manifestation pointed clearly to that uterine appendage as its seat. Would not its irregular surface point to the ovary? As far as I have been able to examine enlargement of this, its surface has been smooth, uniform. I can understand how the successive process of inflammation through different portions of the ligament might produce irregularity of outline. We know that a diseased or inflamed ovary grows rapidly, whether vesicular or solid, so that in two or three months one has come to fill the whole cavity of the abdomen. There is much obscurity of pathology in the diseases of the organs referred to.

CASE I.—*Ovarian Disease*. Miss —, about 30, of M., had observed herself to be increasing in size for some time, and at length so striking was this, and as suffering attended, a physician was called in. He discovered a large, solid tumor uniformly oc-

cupying much of the lower part of the abdominal cavity. The tumor increasing rapidly, the patient came to Boston and consulted me. I learned, in addition to the above, that dysmenorrhœa had occurred recently, and was on the increase. In the course of the disease, this became a leading and exceedingly distressing accompaniment.

Examination and the history of the case showed it to be an ovarian tumor, and the largest *solid* one which had come under my observation and care. Its pelvic extension was not so striking as in the preceding case—did not so completely fill the pelvis. But it was enough to produce, monthly, great suffering. The treatment was the same as in that case. The tincture of iodine was applied by a soft paint-brush over the whole external tumor. When the skin was encrusted by it, it was washed off with alcohol. If sore, the tincture was omitted for a while.

This lady was of good mind, and large culture. She understood exactly what her case was, and its tendencies, and was faithful to medication. The tincture was thoroughly tried. And as to the liq. calc. mur., I have never known it more liberally taken. Its use was begun with the average dose, and was to be gradually increased as the stomach would bear. Miss ——'s residence was far from mine, and months would pass without a visit to me. I asked accidentally, one day, what quantity of the liquor she had reached. Nearly 400 drops, three times a day, was the reply. Not the least trouble was experienced.

The tumor seemed at length to have reached its *acme*. It could no farther go—at least, this seemed the case. A very sudden and very important change occurred. During a menstrual period of unparalleled severity, the tumor left the pelvis as by a bound, and from that moment dysmenorrhœa ceased. Examination showed the pelvis to be quite clear. There was no trouble produced elsewhere. Respiration remained as easy as it always had been, and free exercise gave no annoyance.

I have not seen Miss —— for a long time. She left home, and went to Pennsylvania, where she became a teacher in a large institution for the education of young ladies. I have had letters from her, and in one was a request that I would name to her some physician who had experience of cases like hers, and who had attempted its radical cure. I named one, but have not heard from her since.

I would add, in conclusion, that the general health, flesh, color, cheerfulness, and strength, remained as perfect when Miss —— last called on me, as at her first visit; the menstrual function being as regular and as painless as it ever is.

CASE II.—*Ovarian Disease*. Miss ——, over 30, was seized with a very severe colic, with retention of urine, and desired my attendance. On reaching the address, I found her in an agony of suffering referred to the bowels and bladder. A large tumor oc-

cupied the lower half, and more, of the abdomen. It was protuberant, extending laterally as well as elsewhere. It was hard, solid, without fluctuation, or tenderness—entire ignorance of when it began, though remembered a long time back. Often has had attacks of pain, but none so severe as this—pains distinctly intermittent, and with the state of the abdomen not unlike to labor. Dysuria a common accompaniment of abdominal suffering. On attempting to introduce a catheter, a tumor was felt to fill the pelvis, not partially, but entirely. It was impossible to pass between it and the vagina, or pelvis, anywhere. Menstruation was reported regular, but how its products got by the obstructing mass, was unaccountable. Great relief followed the catheter, and opiates stilled the colic. A case was remembered which was the exact counterpart of this. It was in the Hospital, in an old lady who died worn out with the abdominal and vesical suffering, and especially by the want of nutrition which attended the difficulty of retaining or digesting food. Examination after death showed an ovarian tumor occupying much of the abdomen and the whole pelvis.

There was a fact in Miss ——'s case which, though not strictly professional, became of importance from what made professional attendance necessary. Miss —— was engaged to be married, and to a clergyman. Some years before, I was consulted in a precisely parallel case, so far as the disease was concerned, but the lady was married, and to a clergyman. Said the late Dr. —— to me—who consulted me in this case—"if this lady had been married according to the ritual of my church, and had such an *impediment* as this been known to exist, the bans would have been forbidden."

Miss —— was at length relieved of the paroxysm of her disease, and treatment was begun, with a view either to arrest or remove the disease. During this, her intended marriage was alluded to, and the nature and tendency of her disease fully and frankly stated, leaving it with her to determine what she should do. The engagement was broken off.

The treatment employed was the internal and external use of iodine, with occasional substitutes of the liquor calcis muriatis for the internal use of iodine. This treatment was continued, under my care, for months and for years. Its first noticed effect was the arrest of growth. This was ascertained by careful admeasurements of the abdomen. The next, and most important change, was reduction in size, both in the abdominal tumor and in its prolongation into the pelvis. When once begun, the diminution rapidly increased, until the whole great mass disappeared. I examined Miss ——, and ascertained this fact. I did the same more than once afterward, and at long intervals, and found no return of the tumor, her health being excellent. She still lives, in a distant State, but I am quite sure I should hear if any return of her old disease had occurred.

[To be concluded.]

PROTOXIDE OF IRON.

[Communicated for the Boston Medical and Surgical Journal.]

A FEW years ago, a syrup appeared in the market, prepared according to a secret formula, and the medicinal value of the preparation was certified to by many physicians, clergymen and gentlemen of repute. This empirical remedy purported to be a "Solution of Protoxide of Iron," but the proprietor apparently being aware that this name alone might be called unscientific, very shrewdly added the word "combined." Thus, while the idea might be conveyed that by some new process free protoxide of iron had been obtained, the word "combined" would, in case of necessity, leave a loophole for retreat. I have no means of knowing what success has attended the sale of this article, but conclude that the trade in protoxide of iron is worth catering for, from having noticed preparations bearing the name "Protoxide of Iron," made by other parties.

However objectionable a name or label may be, so long as it is confined to secret preparations little notice thereof need be taken; but when it becomes a matter of discussion, and is adopted by chemical manufacturers, it is well to examine into its truth.

Our official preparations having protoxide of iron as a base are few, but they are of value. Dr. Bache says, that "the preparations of iron containing the protoxide are most esteemed," and this fact seems to have been seized upon to win favor for these syrups of so-called protoxide of iron. It seems to me that when emanating from a chemical laboratory, every preparation should bear its true name, and that in this case the labels should be "prototartrate," or "protoacetate," or "proto-citrate of iron, whichever the case may be. The fact of its being a protosalt is sufficient to draw attention to the article, without conveying the impression that free protoxide of iron is present, which does not appear to me to be true.

I object, then, to the name of protoxide of iron. First, because it appears to me calculated to give a false impression concerning the chemical condition of the article. He who can isolate protoxide of iron will achieve what has never yet been accomplished. FeO is only known as the base of certain combinations of iron, and in chemical preparations it always exists in combination. Free protoxide of iron does not exist in any medicinal preparation, either official or empirical. The nearest approach to it has always seemed to me to be in Vallet's ferruginous pills, where the carbonate of the protoxide is administered in substance.

Second, This name is calculated to endorse the merits of an empirical remedy, and seems to give credit to the manufacturers thereof for some scientific improvement, when really no such improvement in science exists. It looks like trying to profit from

outside humbugs, and the copy seems to me less shrewd than the original.

The only formula that I have seen for making a syrup containing a protosalt of iron, is one recently published in your JOURNAL. It is this: protocarbonate of iron is precipitated from a solution of copperas by carbonate of soda. It is then dissolved in dilute acetic acid to saturation, and formed into a syrup.

The first part of this process is similar to the one devised in France more than twenty years ago, which will be found in the United States Dispensatory, pages 1116, 1117, where the chemical history of the protocarbonate is fully given, and where it will be found that it is freely soluble in acids.

It seems to me that if a syrup of protoacetate of iron is found to be of value, an easier, surer and cheaper process would be this: simply dissolve iron filings, by the aid of heat, in acetic acid to saturation. The resulting solution contains protoacetate of iron, which may be diluted, and sugar may be added at pleasure.

To conclude, I really do not see any great difference, in a medicinal point of view, between a protocitrate and a protoacetate of iron. If any preference were to be given, my own feelings would rather point to the former, not because it is more expensive to manufacture, but because I have always fancied citrates. The acid is grateful to the stomach, and its combinations seem clear; they do not color or stain, as do many other preparations. H.

SPONTANEOUS EXPULSION OF A FIBROUS POLYPUS—DEATH FROM PERITONITIS.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY K. OLIVER, M.D.

ON Monday, May 9th last, I was called to see an Irishwoman, æt. about 35, single, occupying a small, damp room on the ground floor, at the West End. She was in bed, very uneasy, and at intervals complaining of abdominal pain. Upon examination, I discovered a large tumor in the hypogastric region, about which very little information could be gained from the patient. She insisted, however, that she had passed no water since the 6th inst., attributing the stoppage to exposure while washing floors, a day or two previous to that date; she added that a similar retention had occurred about a year before, when she was relieved by the aid of a catheter. Upon this, I procured a catheter without delay, but to my surprise obtained only an ounce or two of clear, healthy-looking urine. On a more careful examination, the following appearances presented themselves. A hard, round, non-fluctuating tumor occupied the hypogastric region, as above stated. Its size was that of a uterus gravid at from six to seven months. Upon ap-

plying the ear over its surface, a murmur, exactly resembling the placental murmur, was heard. This was found to be most intense on the right side. A movement like uterine contraction could also be distinctly perceived. These symptoms naturally suggested a search for the fœtal heart, which was, however, unsuccessful. On examination *per vaginam*, a hard, smooth tumor was discovered lying in this passage, reaching to within one and a half inches of the external orifice, and around which the finger could not be passed without causing considerable pain. In addition, œdema of the feet and limbs was noticed. It being utterly impossible to get any satisfactory history of the case from the patient herself, I called upon Dr. J. F. Harlow, who, she said, had previously relieved her by the use of the catheter. Dr. H. informed me that about a year before he was called to this woman, and supposed her, at first, to be in labor; on examination, however, he discovered a tumor in the vagina, and convinced himself that it was a fibrous polypus. It then appeared to be within two inches of the external orifice. Upon suggesting that some time or other the tumor might have to be removed, the patient speedily changed her residence and was lost sight of.

To return to the record. Catheterism was performed again the same night. Morphine had already been prescribed, in one-eighth grain doses, *pre re natâ*. This course was pursued, the patient being seen twice daily, up to Saturday, the 14th. The tumor in the vagina was gradually being expelled, and, as was frequently observed, by contractions of the uterus, recurring every five or ten minutes, and accompanied by much pain. The pulse was accelerated. Sleep was obtained only while under the influence of the opiate. On the day last mentioned, the 14th, the tumor, heart-shaped, measuring $14\frac{1}{2}$ inches in its greatest circumference, and $7\frac{1}{2}$ inches in length, had entirely passed the vulva, and was lying between the thighs. Its pedicle appeared to be about two inches in diameter. As far as could be reached by the finger, the lips of the uterus could not be satisfactorily made out. As the tumor had progressed, the enlargement of the abdomen had diminished, and at its expulsion the uterus appeared to the touch like one six months gravid. The murmur, above referred to, had almost wholly disappeared; what remained was of a different character, sharper, less *blowing*. On the same evening the abdomen was tympanic. Chills were reported as having occurred during the day. The patient herself insisted that she had also had one or two the day previous. No pain of abdomen, even on pressure, was complained of, except on the left side. Pulse quicker, tongue more coated. The external tumor was complained of as being offensive. It was found indeed to be already considerably advanced in decomposition. The labia were raw and œdematous. On the following morning, the 15th, these symptoms were still more urgent, and it was therefore determined, after consultation with Drs. Harlow and C.

G. Page, both of whom had seen the patient with me several times, to remove the tumor at once. Up to this time, no great amount of torsion or traction had been employed, for fear of exciting inflammation. The removal was effected after passing a double ligature through the pedicle just above the base of the tumor, and tying on either side. After removal, it was found to weigh two pounds, eleven ounces, with the measurements as above. Decomposition was more advanced than was at first supposed. The same evening, the pedicle had not retracted. The symptoms remained the same. Passes water now voluntarily.

On 16th, all symptoms increased. In addition, vomiting of greenish fluid. Pulse 114, small. Swelling of abdomen increased. No tenderness complained of, except in left iliac region, and that slight. The pedicle retracted within the vagina. A portion was found to be sloughy, and was removed with the hand. Its size was double that of the fist. Injections into the vagina of warm water and powdered charcoal were employed, and simple cerate on linen placed between the labia.

On 17th, symptoms still more aggravated. Great uneasiness and groaning. Frequent chills. Great thirst, and constant vomiting. Tongue dry, with thick, dark, almost black, coat. Pulse 113, sharp. Still no great pain of abdomen, which is enormously distended, and that only as before described, on left side. Ordered brandy and carbonate of ammonia.

18th, A.M.—Failing rapidly. No pulse at wrist. Can keep nothing down. At evening visit, at six o'clock, she was dead. Consciousness reported as being retained nearly up to time of death, which occurred at five.

An examination of the body, made the following morning, revealed a most extensive peritonitis. The cavity of the peritoneum contained a great quantity of pus and flakes of lymph. The intestines were glued together, and to the abdominal walls. On the fundus of the uterus, which was about the size of a uterus five months pregnant, was a spot about three inches in diameter, from which, judging from its rough, ulcerated look, the peritoneal inflammation seemed to have started. The uterus, with the vagina and bladder, were removed and examined. The walls of the bladder were very much thickened; the mucous membrane of the urethra much injected. A fibrous tumor occupied the posterior and superior portion of the uterus, from the inner surface of which hung the sloughy pedicle of the expelled polypus. The anterior wall of the uterus, which was quite regular in shape, was not complicated. The ovaries and Fallopian tubes were bound down closely to the sides of the tumor. The whole mass weighed, after being immersed two weeks in rum, $4\frac{1}{2}$ pounds; add the expelled tumor and the pedicle removed by the hand on the 16th, and the original weight of the whole must have been about $7\frac{1}{2}$ pounds.

The reading of this case elicited the following remarks from members of the Society, which I copy from the Records, by permission of its Secretary, Dr. Robert Ware.

Dr. PAGE thought that the absence of tenderness, and even of abdominal pain, to any severe extent, in a case of such extensive inflammation, was quite curious. The tympanitis was the only symptom of peritonitis which was present to any marked extent.

Dr. CLARKE remarked that pain was less apt to be a prominent symptom where the peritoneal inflammation was very extensive and intense in its character, than when it was more limited. It seemed as if the nervous system was so overwhelmed by the intensity of the inflammation, that it was incapable of appreciating the injury afflicted—it seemed to sink under the shock of the attack. He referred to cases of what has been called latent peritonitis, where the inflammation, as shown by *post-mortem* examination, has been very extensive, but has not caused sufficient pain to excite suspicion of the disease. Tympanitis, also, is by no means a marked symptom in these cases; moreover, as it occurs with other abdominal affections, as enteritis, it is not of especial importance as a diagnostic sign.

Dr. WHITE mentioned a case of very extensive peritonitis occurring at the Hospital, in which there was no complaint of pain during life.

Dr. HODGES said he had heard Dr. Jackson remark that pain upon pressure was frequently absent in cases of puerperal peritonitis. He asked Dr. Oliver how thick the walls of the uterus were when laid open. Dr. O. said that they were about half an inch thick in front. In answer to farther questions, he stated that the point of departure of the peritoneal inflammation did not correspond with the point of attachment of the polypus, and that there was no laceration of the os uteri, which seemed, at its posterior aspect, to have become merged in the tumor, so that it could not be distinguished.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 13th.—*Abdominal Tumor, simulating Extra-uterine Gestation.* Case reported by Dr. JACKSON.

The patient, a healthy and intelligent, married, Irish woman, aged 40, entered the Hospital under Dr. J.'s care, on the 7th of June, and remained there about two weeks. Nine years previously, and two years after the birth of her last child, she took cold whilst menstruating: the flow ceased at once, and there never had been any threatening of it from that time, although there had been some vaginal discharge. Eighteen months before admission, she first noticed a tumor in the left side of the abdomen, about the size of a tea-cup; and this

was followed by such symptoms as to lead her to think that she was undoubtedly pregnant. She had had seven children, and knew well the symptoms of pregnancy. There was:—first, nausea and vomiting for the first three months, on rising from her bed in the morning, and never afterward; secondly, swelling of the breasts, with pain, for about a year; thirdly, sense of motion in the tumor three months after its appearance, continuing until the last six months, and resembling precisely the foetal movements; fourthly, appetite diminished and bowels costive, as usual in her former pregnancies. There never had been any urinary symptoms. Three months before admission, there came on a pain between the tumor and the groin, sharp, fixed, and increased on pressure, with a sense of weight; and one month later, a pain in the lumbar region. For these pains she entered the Hospital; being otherwise about as well as usual.

The tumor, which had been increasing in size almost until the time of her admission, was of an elongated form, occupied the greater part of the left side of the abdomen, and extended nearly or quite to the hypochondrium; it was flat on percussion, and solid to the feel as a fibrous tumor; the form was regular, except at the upper part, where there was a slight addition to it, and it was quite defined on the right side, and more or less otherwise, except toward the groin; somewhat movable and tender on pressure. On examination per vaginam, nothing unusual was found: the tumor not being felt.

Dr. J. remarked that the symptoms of pregnancy will sometimes be excited by uterine or ovarian tumors, but he had never heard of a case in which they had been so marked as they are now reported. He was inclined to regard it as a case of fibrous tumor of the uterus, though he did not feel at all sure that there was not extra-uterine gestation. If this last existed, it dated probably within the last two years, and the amenorrhœa for seven years would have to be accounted for. If a fibrous tumor had been forming for several years, and increasing in size the last eighteen months, Dr. J. said that he should have expected a tendency to menorrhagia rather than amenorrhœa, from what he had generally observed in such cases; amenorrhœa he had found to occur in ovarian disease, sooner or later, as a general rule, but the tumor in this case was far more dense than it would be in any ovarian tumor that would be likely to exist. Whatever may be the explanation of the case, it was remarkable that the health continued unimpaired for the seven and a half years that preceded the appearance of the tumor.

JUNE 13th.—*Rachitis*. Dr. C. D. HOMANS showed the humerus of a female child, who died with this disease, aged 10½ years.

At birth, she was large and apparently healthy, but during infancy never was perfectly well, being subject to colicky pains and irregularity of the bowels. When 16 months old, her right elbow enlarged, and at one time was thought to be dislocated. Soon after, she was attacked with inflammation of the eyes, which resulted, after six or eight months, in total loss of sight. At two years old, her ankle joints enlarged, but she was able to walk till she was four, when her knees became swollen, and the legs—first the right, then the left—were gradually drawn up, upon the abdomen. Since that time, for over six years, she has lain upon her left side on the bed or in a cradle. Her arms also became distorted, and the hands bent backward, the left first.

During this long confinement she was generally cheerful and happy. Her intellect was rather precocious. She composed some verses for Sunday School children, which were published by the kindness of some of her friends. Her family are none of them very robust. There was at times intense pain. She gradually lost the power of moving her limbs, till at last she could only use the left hand and arm to handle light articles. She had slight spasms for a whole day at times. Since the age of four years, her jaw has been nearly immovable, so as to admit only minute quantities of food at a time. She was very sensitive to heat, and generally wished to be very lightly covered. During the last month of her life she suffered much from difficulty of respiration.

Autopsy.—The spine was found to be very much curved laterally; convexity toward the right. All the joints of the body, so far as examined, seemed large, this being due to an enlargement of the ends of the bones. The shafts of the long bones were very thin, and the ends greatly enlarged.

The organs generally were healthy. No tubercles anywhere. The lungs had a rather leathery feel, but contained air every where. The bronchi were somewhat red, and filled with frothy mucus. The right kidney contained a number of small calculi in the pelvis, and was fatty. The ovaries contained several small cysts. The muscles generally were in a state of fatty degeneration.

Aug. 8th.—Cast from a Malformed Leg. Dr. LYMAN showed a cast from a malformed leg, taken from a woman aged 35. The cast represents, in addition to a remarkable curve of the fibula, two well-formed supernumerary toes upon the inner side of the great toe. No hereditary tendency to malformation. The patient has had ten children, all perfect, with the exception of one who had strabismus. She states that at birth the lower extremities were of equal length, but now the measurements are as follows:—The femora measure alike. The sound leg measures, from the bottom of the patella to bottom of heel, 18 inches; the same measurement of the deformed leg gives but 7 inches. The tibia is apparently straight, though from the development of fat it is traced with difficulty, but the fibula can be traced throughout its nearly semi-circular course, and measures between 14 and 15 inches.

In connection with this case, Dr. Lyman exhibited the bones of a leg which he amputated in 1858, with the following history.

E. K., aged 23, at three years of age met with a simple fracture of the tibia, which appears never to have united. Five months after the accident, she could not bear her weight upon the limb; then meeting with a fall, had a compound fracture (or rupture of the ligamentous union), the bones protruding, with some hæmorrhage, and subsequent exfoliation of a piece of bone one inch in length. After healing of the wound, she was able to use the leg for careful locomotion until twenty years of age, when the curve in the fibula rapidly increased, the ligamentous union gave way, and the limb being useless was removed by lateral flaps at the seat of the original fracture. In this case, the tibia has developed but slightly, if at all, since the original accident, while the curved fibula has increased correspondingly in size and density to supply its place. The curve in both these cases is due, of course, to the absence of tibial support for the superincumbent pressure.

JUNE 27th.—*Ossification of the Crystalline Lens.*—Specimen presented for the Cabinet by Dr. WILLIAMS. It was of an opaque white color, spherical, and about the size of a small pea. It was found in an eye which had been removed for disorganization. Dr. W. remarked that he had not before met with a similar case.

Dr. JACKSON exhibited a similar specimen, from the Society's Cabinet (No. 394), a history of which is in the Catalogue.

MAY 23d.—Dr. COALE exhibited a "rubbing" from the coffin plate of John Hunter, taken when the body was lately disinterred. He stated that Hunter was originally buried in the crypt of the Church of St. Martins in the Fields. Nothing had been placed to mark the precise spot of the interment. The Royal College of Surgeons took upon themselves to give to their distinguished brother a more noted and fit burial place, and obtained permission to remove the body to Westminster Abbey. The first thing was to find it, which was done by the persevering efforts of Mr. Buckland, surgeon in the army, and son of the late Dean Buckland, the geologist. The coffin was found in good condition and marked by the plate, a copy of which is now exhibited, made by laying a piece of thin paper on it and rubbing it with a lump of black lead. The plate is 12 inches wide by 15 $\frac{3}{4}$ inches long. At the top it bears an escutcheon charged with Hunter's arms and surrounded by very graceful foliated scroll work. The inscription is—

JOHN HUNTER,
ESQ.
DIED 16TH OCT^R,
1793.
AGED 64 YEARS.

The re-interment in Westminster Abbey was made on the 28th of March, 1859, and was marked by the most graceful and fitting honors, betokening the high respect for the memory of the deceased and appreciation of his great talents, not only by those of his own profession, but many other literary and scientific men of distinction. Dr. C. rehearsed the immediate circumstances of Hunter's death, which were somewhat characteristic of the man. Two Scotch students had applied for admission to Guy's Hospital, to receive its benefits in their medical education. Some disabilities of his countrymen then existed by the laws of that institution, and Hunter, as one of the surgeons, attended the meeting of the trustees, to defend their cause and advance their claims. His remarks were answered very rudely and insultingly by one of those present. Hunter put a violent control upon himself, and without responding, walked into the next room, it was supposed for the purpose of regaining his composure. A fall was heard, and he was found stretched insensible on the floor a few feet from the door. Thus his last moments were marked by a generous interest in his fellow countrymen, and an effort to have them released from unjust disabilities, and more immediately by a calm sense of his own dignity, and a noble and Christian forbearance to retaliate under intended insult.

The new grave of Hunter was made directly alongside that of Ben Jonson, whose coffin was accidentally opened and skull exposed. This latter was reverently handed around to those present, and again

deposited in the coffin. Some of the hair fell off, of which Dr. C. exhibited a portion. Both of these relics were the property of Mr. Charles P. Greenough, who has since kindly presented the rubbing from Hunter's coffin to the Society.

Bibliographical Notices.

Treatise on the Immediate Cause and the Specific Treatment of Pulmonary Phthisis and Tubercular Diseases. By J. FRANCIS CHURCHILL, D.M.P., &c. Translated from the French, by a Physician. New York: J. Winchester. 8vo. Pp. 111.

LIKE all other specific remedies for the treatment of tubercular consumption, the hypophosphates, first introduced to the profession by Dr. Churchill, of Paris, have been found to be overrated. Still they are doubtless not without some value, and their success has been such in Dr. Churchill's hands as to warrant their further trial. The Treatise before us consists of the author's memoir presented to the French Academy of Medicine, with additions, a history of his investigations and experiments, and an appendix. The preparations recommended are the hypophosphates of lime and of soda, in the dose of ten grains, and increased gradually to twenty or thirty grains, taken once daily. Every ten or fifteen days the medicine is suspended for a day or two, and then recommenced. For sale in Boston by A. Williams & Co.

The Pathology and Treatment of some of the Diseases incident to Women. By CHARLES F. TAYLOR, M.D. [From the American Medical Monthly.] 8vo. Pp. 16.

THE object of the writer is two-fold:—1st, he wishes to establish that a large proportion of uterine maladies, such as prolapsus, versions, hypertrophies, induration, ulceration, irregular menstruation, &c., are local symptoms of a constitutional condition, and are to be cured by treatment addressed to the constitution at large; 2d, that the treatment best adapted to this purpose consists in making muscular contractions.

We heartily agree with him that very many cases of functional uterine disease, even when accompanied by local lesions, are the result of a constitutional, rather than a local, derangement, and that it is to the former as well as the latter, and often to the exclusion of the latter, that the treatment is to be addressed. Dr. Taylor points out clearly the evils which follow the present system of education in females: the over-stimulation of the intellect, and the almost total neglect of proper physical exercise. The evil is a very great one, and its existence cannot be too often urged upon the attention of the thinking portion of the community. It is but justice to the author to say that he does not wholly eschew local treatment, but he would greatly limit its employment, as calculated to do much harm, both morally and physically, when not absolutely required.

With regard to the means employed by Dr. Taylor to overcome the constitutional debility on which these effects are supposed to depend, we are not sufficiently informed, in the pamphlet before us, to enable us to judge of their value. As far as we can understand it, his system appears to consist in passive movements of the limbs, the patient

often lying down during the exercise. We may cite one example of this mode of treatment, in amenorrhœa, which is so simple that any one can try it, and which, if generally successful, will be a blessing to the female sex; if the patient "be seated in an easy-chair, and the mass of muscles inside of the thighs, the adductors of the leg, be made to act powerfully, by slowly drawing the knees apart against the firm resistance of the patient, an actual congestion of the parts adjacent to the uterus can be produced, and menstruation will speedily be established. I have now in my mind several cases of suppression, continuing from three to six months, being re-established in less than a week by persistence in a similar course." We doubt not this system of passive motion may often be serviceable, but it must always, we opine, hold a subordinate rank in the general treatment by which we endeavor to restore the tone to a debilitated system. No two cases require to be treated alike: in some instances cold bathing, in others active exercise, in others change of climate, in others mineral waters, and in some, tonic medicines, constitute the most important part of the treatment. Often many of these means must be combined, and in not a few cases, unfortunately, the damage done to the constitution is so great, that the best directed efforts fail to restore it. Even these apparently hopeless cases, however, sometimes ultimately get well, after all special treatment has been abandoned, apparently from the inherent recuperative powers of the system, slowly working for a great length of time. One thing is certain, that a great amount of the ill health of females may be *prevented* by proper attention in early life, and when this is better understood, we shall have fewer of these discouraging cases to treat.

A Case of Talipes Varus. By BUCKMINSTER BROWN, M.D. Boston.

THE account of this case was read some time since before the Boston Society for Medical Improvement, and the patient was exhibited at the same time. We do not know that anything we could say, would so vividly set before our readers the amount of good done in this instance, as a mere glance at the wood cuts will, which illustrate the deformity and its cure.

The case is very simply and modestly stated by Dr. Brown, and mainly by extracts from a letter received from the mother of the patient, and by the representations we have referred to. The two pages and a quarter of our issue for July 28th, 1859, which are thus occupied, are, however, as eloquent as volumes could be. That so perfect a cure should be effected in so short a time, testifies at once to the skill and fidelity of the surgeon. And let it be remembered that satisfactory results in orthopædic surgery spring not so much from merely skilful and efficient tenotomy, as from that long, patient, and unremitting *after-treatment*, for lack of which very large numbers are not only not benefited, but often are made worse than before.

We commend the above case, and other reports of a similar nature by the Doctors Brown, to the careful examination of our readers: and we do not wonder at the strong expressions of gratitude from the parents of the child referred to, in view of the perfect restoration of feet so exceedingly misshapen. In a letter from the patient's mother to Dr. Brown—and of a portion of which we requested a copy—she says:—"When I look at my son's feet, I can hardly believe that he

is the same little fellow that I placed under your care seven months since. Our friends think it almost a miraculous cure."

We have lately seen several similar and very interesting cases now under Dr. Brown's care, reports of which will doubtless be shortly published.

A History of the Discovery of the Circulation of the Blood. By P. FLOURENS, Perpetual Secretary to the Academy of Sciences (Institute of France), &c. Translated from the French by J. C. REEVE, M.D. Cincinnati: Rickey, Mallory & Co. 1859. 12mo. Pp. 178.

It may seem strange that a fact so easily demonstrated and so universally known, at the present time, as the circulation of the blood, should not only have been completely ignored for a long time by the scientific world, but that its discovery should have been made gradually, and by the investigations and experiments of successive anatomists, until their results were united, and the great fact unanswerably demonstrated by Harvey, in 1619. It is the object of this work to show the successive steps in this discovery, and how it was delayed by the imperfect state of physiology, and by the paralyzing effect of the authority of a few great names on the progress of experimental science. The book is full of interest and instruction. The translation is extremely well executed, and the profession and the public are much indebted to Dr. Reeve for it.

A Memoir on the Treatment of Epidemic Cholera; Read before the Members of the French Academy of Sciences; with their Report thereon. By JOSEPH AYRE, M.D., &c. &c. London: J. Churchill. 8vo. Pp. 44.

THIS pamphlet contains an exposition of the author's method of treating cholera, which, to judge from the statistics given, and from the testimony of many physicians who have employed it, appears to have been eminently successful. "It consists during the stage of collapse in giving *one or two grains of calomel every five or ten minutes*, with one or two drops of laudanum with the first three or four doses of the drug, and *perseveringly continuing the same dose at the same intervals of time until the symptoms of collapse become virtually subdued.*"

The Progress and Spirit of Medical Science. An Anniversary Discourse before the N. York Academy of Medicine, November, 1858. By E. R. PEASLEE, M.D.

THIS discourse was received a number of months since, and would have been noticed long ago, had it not borne the name of Dr. Peaslee. We did not feel inclined to dismiss it as summarily as we do the bulk of that large crop of autumnal literature, which, like the really indispensable cereals, is too abundant for anything but storage. The part devoted to the "progress of medical science" is mostly historical, and so concise that it could hardly be abridged with advantage. With regard to the ideas advanced in the portion which treats of the "spirit of medical science," it is enough to say that they are such as we should expect from one who honors science and pursues it in spirit and in truth.

C. E.

The Action of Medicines in the System ; or " the Mode in which Therapeutic Agents introduced into the Stomach produce their peculiar effects on the Animal Economy." Being the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal for MDCCCLII. By FREDERICK WILLIAM HEADLAND, M.D., &c. Third Edition, revised and enlarged. Philadelphia : Lindsay and Blakiston. 1859. 8vo. Pp. 463.

THE appearance of a third edition shows the high estimate which the profession places on this valuable work. The volume is handsomely printed, and we recommend it as one of great importance to every practitioner of medicine.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 8, 1859.

EARLY PHYSICIANS OF NEWPORT, R. I.—From a speech of Dr. Usher Parsons, delivered at the celebration of the Sons and Daughters of Newport, we gather some interesting particulars concerning the early history of the profession in Rhode Island, which we give in nearly his own words.

It appears that the founder of Newport was Dr. John Clarke, a physician and divine, who united with Roger Williams in obtaining from Charles II. a charter that conferred greater civil and religious privileges than had been conferred on any other province, and which continued in force until the adoption of the present constitution, in 1842. He died in 1676, at the age of 68. In 1641, Dr. Jeffries commenced practice, and was followed by Drs. Cranston, the three Rodmans, Ayrault, Vigneron and Robinson. Dr. Vigneron came from France about 1690, and died in 1764, at the age of 95 years. He was a highly educated and a popular practitioner. His son succeeded to his practice, and the two together extended their professional career to nearly a century. Contemporary with Vigneron was Dr. John Brett, from Germany, a man of good learning, and the friend and associate of Redwood, whom he assisted in establishing the library which shed such lustre on the fame of its founders.

About the year 1750, quite a number of eminent physicians arrived at Newport, who with Brett and Vigneron made the medical talent of the Island equal, if not superior, to that of any other place in America. There were Drs. William Hunter and Thomas Moffatt, from the University of Edinburgh, and soon after came Drs. Haliburton and Oliphant. Dr. Hunter was the first physician who gave medical lectures in America. They were delivered in 1754 and the two succeeding years, and drew many pupils from Massachusetts. He marched to Canada with the Provincial troops as Surgeon, in the French War. He had the largest medical library in New England, a portion of which was given by his son, the late Hon. William Hunter, to Brown University. He died in 1777, aged 48 years.

Dr. Thomas Moffatt was best known by his tory principles, and his endeavors to enforce the Stamp Act, which incensed the public mind

to a degree that caused the sacking of his house and the destruction of its contents. He educated many pupils, among whom were Doctors Danforth, the medical Hercules of Boston, and Waterhouse, the accomplished botanist, professor, writer, and introducer of vaccination into America, performing the first operation on his own children. They each attained to the age of over 90 years. Dr. Haliburton was a highly-educated and popular practitioner, but was strongly tinctured with toryism. Soon after the British fleet left Newport, it was ascertained that he held a secret correspondence with its officers, and this made it advisable for him to remove to Halifax, where his descendants are of the first respectability. His grandson, Judge Haliburton, is the author of "Sam Slick," and other popular works. Dr. Isaac Senter, a native of New Hampshire, was a pupil of Dr. Moffatt, but was diametrically opposed to him in politics. After the battle of Bunker Hill, he marched to Boston as a volunteer, and was appointed a surgeon in the army. He accompanied Gen. Arnold to Quebec, and endured incredible hardships. He maintained a high rank as a physician and surgeon, until his death, which occurred in 1799, at the age of 46. Contemporary with him was Dr. Jonathan Easton, whose tall and dignified figure, in a Quaker garb, is remembered half a century ago in Newport. Dr. Benjamin Mason, father of the late Mrs. Com. Perry, studied medicine in Europe, and was highly respected in his profession.

At the beginning of the present century a new set of physicians mounted the stage of professional life, and practised many years. Among them were Drs. William Turner, David King, Edmund T. Waring, Benj. Case and Enoch Hazard, who were well known to many of the present day, and were highly esteemed wherever known. They were active, faithful, intelligent and successful. These, too, have passed away, and having served their day and generation faithfully, have gone to their reward. A new set of practitioners now fill their places. Far distant be the day when a future biographer shall be called upon to notice their obituaries, and portray their merits!

MAMMOTH TUMOR.—In the second number of the *Cleveland Medical Gazette*, we find a description, by Dr. JOHN DELAMATER, Professor of Midwifery and Diseases of Women and Children in Cleveland Medical College, of the most enormous tumor, we suppose, on record—its weight having been about twice that of the sufferer who bore it. A daguerreotype likeness of the patient, taken several years ago, during her life-time, is in the cabinet of the Boston Society for Medical Improvement, and the rude wood cut, representing the tumor, at the head of the article in the *Gazette*, is probably copied from it.

The patient, a married woman, between thirty and forty years of age, residing at Pennfield, Lorain Co., Ohio, received an injury in the right iliac region, by the kick of a cow, when she was in the sixth month of pregnancy, in 1838, to which she always referred as the cause of all her troubles. She carried her child to the full period, and was confined without accident. In 1840, she was confined a second time, but six weeks previously, having strained herself by lifting a heavy kettle, a small tumor protruded from the vagina. After an abortion in 1844, she again became pregnant, and was delivered, at full term, of a dead child. The tumor had now become enlarged, and offered an obstruction to the labor. It afterwards became gan-

grenous, and finally sloughed away entirely. Soon after, a soft, immovable tumor was discovered a little to the right of the linea alba, and filling almost the entire right side of the abdomen. Four years after this, another tumor made its appearance near the right labium, extending to the nates. These tumors grew rapidly, and both were repeatedly tapped; no fluid, however, having been obtained. At this time, when she was in a sitting posture, which she still sometimes attempted, the abdominal tumor rested upon her thighs to her knees; while the tumor of the hip was fifteen inches in length, ten inches in diameter at the largest point, and four inches in diameter at the point of its connection with the perineo-ischiatic region. Under such extraordinary circumstances, she again became pregnant, for the fifth and last time. Labor occurred in 1848; it was greatly embarrassed and retarded, and was finally terminated by artificial means, the fœtus, though mature and well developed, having perished in the process of the labor.

In 1850, the patient's weight was 269 lbs. Her greatest weight when in health, previous to her marriage, was 108 lbs.; and as her flesh was at this time greatly reduced, the weight of her person was estimated at 90 lbs., leaving 179 lbs. for that of the tumors. In June, 1851, the measurements of the tumors were as follows:—from sternum to apex of the tumor of the hip, three feet, nine inches; circumference around the abdomen, seven feet, eight inches; circumference in long diameter of the tumor of the hip, four feet; circumference of the neck of the tumor of the hip, two feet, two inches; length of the tumor of the hip, two feet, six inches; short diameter of the same, eighteen inches; length of the anterior convexity of the abdomen, from the ensiform cartilage to the pubes, three feet, six inches.

The patient died in January, 1854. A partial examination only could be made after death, but it was ascertained that the tumors were of a fatty nature, containing cysts communicating with each other and with the peritoneum. The smallest tumor was separated from the body, and was so bulky as to fill a common wash tub. The patient was attended by Drs. Philip Johnson Buckner, Charles H. Beach, D. I. Jones, and J. W. Smith. For the last four or five years of her life she was rigorously confined to her bed, being wholly unable to sustain, for a moment, the standing posture. During the greater part of the time, however, her appetite and digestion were good, and all her functions were well performed. Her circulation was normal, and even her respiration, in her unavoidable state of quietude, seemed free from suffering or embarrassment of any kind, and the expression of her countenance was animated and cheerful.

THE CLEVELAND MEDICAL GAZETTE is the title of a new journal issued under the editorial management of Dr. GUSTAV. C. E. WEBER, Professor of Surgery in the Cleveland Medical College. It is to be published monthly at *one dollar* per annum, "invariably in advance." The first two numbers contain some excellent articles, an abstract of one of which we give in our present issue. We cannot, however, see the propriety of the editorial puff in favor of the "stock of pianos in the store of Ossian E. Dodge," which is printed in the second number.

THE DENTAL COSMOS, A MONTHLY RECORD OF DENTAL SCIENCE.—The first number of this periodical, published in Philadelphia, has reached

us. It contains fifty-six well printed pages, which, it is promised, will contain "the freshest and most varied matter for the service of our readers that the practical progress of the profession, and the current reports of dentistry and medicine, can be made to afford." It is a continuation of the *Dental News Letter*, and is edited by Drs. J. D. White, J. H. McQuillen and Geo. J. Ziegler. The subscription price is \$2.50 a year.

NEW DISINFECTING AGENT.—A correspondent of the New York Express, in a recent letter from Paris, describes a new method of treating ulcers, abscesses, &c., in the Hospital de la Charité of that city. It is said to be the discovery of two former *internes* of the Hospital, Messrs. Crome and Demeaux, and its action is represented as arresting the progress of decomposition, and preventing the generation of insects, thus making the substance, in fact, a complete and instantaneous disinfectant of animal matter. The formula is thus given by the inventors:—

"Plaster of commerce, reduced to a fine powder, 100 parts; coal tar, one to three parts. The mixture of the two substances is effected with ease by the aid of a mortar, or by any other appropriate mechanical means. The application of this composition to the dressing of sores or wounds requires a particular preparation. A certain quantity of the powder, prepared according to the formula, is diluted with olive oil to the consistency of a paste or ointment. This species of paste or salve is of a dark-brown color, has a slightly bituminous odor, and may be kept in a closed jar for an indefinite period. The oil unites the powder without dissolving it, and the composition has the property of absorbing infectious liquids the instant it is applied to the sore which produces them. The application may be mediate or immediate. In the latter case, that is to say, placing the composition directly in contact with the sore, no pain whatever is produced; on the contrary, the salve has a deterrent action, cleanses the sore, and favors circulation."

HEALTH OF THE CITY.—The mortality for the past week, though large, was considerably less than for the corresponding week of last year. There was an excess of 13 in the deaths of males over those of females, and 61 deaths were those of children under 5 years of age. We notice 31 deaths from cholera infantum, 3 from dysentery, 8 from consumption, 3 from pneumonia, 4 from scarlatina, and two from smallpox (both males, aged 20 and 25 years). The total number of deaths for the corresponding week of 1858, was 128, of which 38 were from cholera infantum, 7 from dysentery, 15 from consumption, 1 from pneumonia, 1 from scarlet fever, and 0 from smallpox.

CORRECTION.—In the last number, page 105, line 9, for "submaxillary" read *submammary*.

COMMUNICATIONS.—Case of fracture of the fifth cervical vertebra. Case of death after the bite of a turtle. *Books and Pamphlets Received.*—Alcohol, its Place and Power. By James Miller.—The use and abuse of Tobacco. By John Lizar. (From Lindsay & Blackiston.)—Addresses delivered on the occasion of the Dedication of the Hartford Hospital.

MARRIED.—In this city, Aug. 30th, by Rev. S. Streeter, Dr. A. C. Stiles, of Bridgeport, Conn., to Mrs. Georgie Norman, of New York.

Deaths in Boston for the week ending Saturday noon, Sept. 3d, 103. Males, 58—Females, 45.—Accident, 1—inflammation of the bowels, 2—cancer (in the side), 1—consumption, 8—cholera infantum, 31—cholera morbus, 1—croup, 4—dysentery, 3—dropsy, 1—dropsy in the head, 4—drowned, 1—debility, 1—infantile diseases, 2—scarlet fever, 4—typhoid fever, 2—fistula, 1—gastritis, 1—disease of the heart, 2—hæmorrhage (of the bowels), 1—intemperance, 2—inflammation of the knee-joint, 1—inflammation of the lungs, 3—marasmus, 3—measles, 1—palsy, 2—pleurisy, 1—premature birth, 1—scrofula, 1—smallpox, 2—suicide, 1—synovitis, 1—tabes mesenterica, 1—teething, 3—thrush, 1—tumor, 1—unknown, 5—whooping cough, 1—disease of the bowels, 1.

Under 5 years, 60—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 9—above 60 years, 12. Born in the United States, 76—Ireland, 25—other places, 2.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXI.

THURSDAY, SEPTEMBER 15, 1859.

No. 7.

ETHER AND CHLOROFORM COMPARED AS ANÆSTHETICS.

[From the *Gazette Médicale* of Lyons, reprinted in the *Revue Médicale* of Paris, and translated for the Boston Medical and Surgical Journal.]

FOR a long time, the medical profession of Lyons, through its most competent representatives, has been approaching conclusions favorable to the employment of ether in preference to chloroform. Our readers will judge of the value of the reasons which were alleged in this judicious comparison. In our own opinion, ether deserves to be rescued from the neglect which befel it immediately after the first application of chloroform to general anæsthetic purposes.—[Note by the editor of the *Revue Médicale*.]

The Medical Society of Lyons has lately devoted two meetings to the examination of this important problem [the comparative value of ether and chloroform], which, in spite of the efforts of the medical profession, still remains in suspense over the lives of patients and the consciences of surgeons. In response to an opportune initiative of M. Barrier, all the members whose experience authorized them to do so, in turn rendered their testimony, which testimony, in each instance, ended with the same conclusion;—save in certain exceptional cases, absolute rejection of chloroform, and adoption of ether, for anæsthetic purposes.

The report of the discussion, which will shortly be published, will give the part taken by each speaker in this exposition of our surgical practice. We feel it to be a religious duty to promulgate these acts of the Medical Society. It was already known in the medical world that ether was preferred in Lyons, but it was perhaps doubted whether this preference was so general, we may say so unanimous, and it is necessary to inquire upon what considerations it is based. As much interest as profit will be excited by the significant history of conversions, the simple effect of praiseworthy scruples, wrought upon certain practitioners who for a brief period had the weakness to return to the use of chloroform. Especially should we reflect upon the explicit declarations of those of our colleagues who for nearly eight years have been able, by means of ether alone, to fulfil all the indications, however diverse, however numerous, of a hospital practice, which, for activity and

boldness, has no rival to fear. The example which the second city in France furnishes in this particular is of immense utility, and has the merit, equally incontestable, of opportuneness.

In fact, after having remained for nearly a year the only anæsthetic agent, ether was compelled to give place to chloroform; but six months had scarcely passed, before the case of M. Gorré, of Boulogne, gave the alarm to surgeons. I wish I could say it enlightened them, but I cannot; it is truly melancholy to see how, from that moment, this first warning of death was misunderstood and misrepresented.

In this case, where the patient, previously healthy, was a corpse after a few inhalations, M. Malgaigne positively refused to admit the slightest toxic effect of chloroform, and immediately every one present at the meeting of the Academy hastened to offer the support of his opinion, also in the negative. Some attributed the death of the patient to his alarm before the operation, others to the impurity of the chloroform which was used; M. Baillarger referred it to an intercurrent attack of syncopal epilepsy, Roux and Dupuy to a rupture of the lung and penetration of air into the veins. M. Velpeau even went so far as to inquire whether, in such a case, the danger did not arise from the means employed to dissipate the anæsthetic insensibility!

It ought perhaps to be admitted, in the defence of the Academy, that that body was not wholly free in the premises. Consulted officially by the Minister of Justice, it knew that its decision would weigh for or against the acquittal of an inculpated physician, and it was necessary to consider wisely reasons, which, uttered by certain orators too much interested in the object, might, so to speak, substitute scientific truth for fraternal veracity.

Since that time, however, for these ten years, the question is free from this embarrassment; it might be, and it ought to be elucidated. Too many fatalities, unforeseen, inevitable, irreparable, inexplicable, in the most skilful hands, have shown the uselessness of the different precautions upon which were built the hope of safety, which should be founded on a basis more solid than a calculation of probabilities. Nor has the practice been reformed, any more than the art was perfected. Every one administers chloroform according to the same rules which, exactly followed by his neighbor, cost him his patient; nevertheless he reassures himself, alleging for his sole motive that such a misfortune has not yet happened to *him*!

But a striking accident occurs, or two accidents happen at the same time; a sudden sensation is produced, an academic debate starts up, members deliberate learnedly on the question whether the death was the result of asphyxia, of sideration, of intoxication or of syncope; then follows a period of calm, until the occurrence of a new tribute which the *chloroformic scourge* will not fail, sooner or later, suddenly to claim.

Must I enter into details? Need I prove the essential importance of the score of prophylactics which have been, in turn, imagined? What can we hope from interrupted inhalations, when both pulse and respiration stopped in a patient of M. Nélaton (saved, nevertheless, by that skilful surgeon), who had hardly made a few inspirations, with five or six drops only of chloroform? What confidence can we place in apparatuses (almost unanimously rejected, by the way, by the Academy), when Dr. Snow had a patient die under his hands, with the inhaler; and when we remember, too, that in the great majority of cases chloroform is fatal in such minute doses that the safest inhaler must inevitably admit more?

It is true, that by an unexpected concession, marvellously concealed under the pretence of a triumph, the friends of chloroform are satisfied with inducing a less profound slumber, in order the better to ward off the danger. M. Faure has endeavored to establish, as a general method, the semi-anæsthesia, obtained by admitting air through one nostril, and the vapor of chloroform through the other—the mouth being kept closed. We should be thankful to praise this modification, if it really diminished the perils of anæsthesia in the same proportion as it curtails its benefits; but we cannot regard without fear the great embarrassment to the respiration caused by closing the mouth; and we hardly dare calculate the chances of asphyxia which the patient would run, if the nostril, which was to be the only open communication with the air, should be naturally or morbidly contracted. In another point of view, it seems singular to establish beforehand, for all subjects, and in every stage of insensibility, the dose of chloroform and that of ether, in equal proportions (excepting, for that of chloroform, a reduction corresponding to the thickness of the walls of the tube introduced into the nostril). This impossibility of increasing the dose of chloroform, to which the operator voluntarily condemns himself, has two inconveniences:—first, it retards the approach of sleep; and second, it exposes the patient, by the very slowness with which this is produced, to the danger of an accumulation of chloroform in the respiratory passages, which might prevent him from being roused so quickly as the supervention of alarming symptoms might sometimes require.

Yet, if each physician who had lost a patient would henceforth renounce an agent which might the next day cost him another, the personal experience, accumulating by degrees, would gradually preponderate. It might cost ten years more, and a hundred deaths, but neither the time nor this blood would be wholly lost! Unfortunately, this is not the case. In the moving throng in the midst of which they operate, our colleges, Parisians, English, Americans, find the opinion of the profession a support which is the more real, because each one knows that he may soon have need of such aid. The deaths therefore succeed each other, without any person being

converted by them; the grave closes, leaving hardly a trace, even in the memory of the surgeon. Yesterday he killed by chloroform, he will begin again to-morrow, with the same method, the same agent, the same indications!

In the midst of these contradictions, inexplicable to the humane and the sensible, an honest man has at last appeared; he insisted, and in the midst of the Société de Chirurgie, that chloroform should no longer be employed as an anæsthetic until the means of rendering its usage safe should be discovered. What reply was made to M. Hervez de Chégoin?

"There have been, within ten years, 68 cases of death from chloroform. But from these, we must eliminate 8, attributable to the inexperience of an early period."—(We know to what perfection the practice has since attained, and how much safety it can now promise.)

"We must also leave out 10 other cases, occurring either in town *or in the country*, in which we have no means of ascertaining that imprudence was not committed."

"The country," which, during the past four years, has read of no death from chloroform in France except in the clinics of the hospitals of Paris, ought to thank its judges for only placing it, in this respect, in a position of suspicion.

These legitimate deductions being made, and the daily number of chloroformizations in Paris being approximately calculated, we obtain a proportion of 1 death out of about 6,000 patients chloroformed. Now, one out of six thousand, it is concluded, what is that, in comparison with the advantages realized by anæsthesia?

I should have been strongly tempted to inquire, what then, under the point of view now in question, in respect to the mortality, are its advantages? Whether anæsthesia, which has caused the death of so many patients, has really, manifestly, by its exclusive influence, saved a single one? Whether the official statistics of amputations, for example, have notably changed within ten years? Whether public opinion, science itself, sees in anæsthesia anything else than a means of overcoming muscular contraction, and of mitigating the painful, but not mortal, sensations which accompany every surgical operation? Whether, far from adding to the safety of the patient, it ought not rather, as M. Ricord has said, to be considered as *a circumstance which complicates operations*? It is enough to hint these doubts; for they only touch upon the general question of anæsthesia, not upon the parallel between anæsthetic agents, to which the discussion confines us for the moment.

In these terms, in fact, was the dilemma stated at the Société de Chirurgie. "What do you ask?" it was said to M. Hervez de Chégoin, "To abandon anæsthesia? The thing is not possible, it is not proposable. To substitute another agent for chloroform? Let us see."

Let us see ourselves, and see closely. In the eyes of the justly eminent speaker, whose opinion carried with it that of the Société de Chirurgie, in the eyes of M. Gosselin, ether is not worthy of taking the place of chloroform. And why? I quote his reply literally and entirely:—

“Because it has the inconvenience of requiring more time, of causing a noisy, talkative intoxication, sometimes an erotic one in women, and of necessitating a special apparatus. Moreover, it does not procure a profound anæsthesia, muscular flaccidity, which we cannot dispense with at the present day for straightening limbs in ankylosis. If we attempt to produce an anæsthesia of this kind with ether, we expose the patient to the danger of death quite as much as with chloroform.”—(*Société de Chirurgie*, meeting of March 10th.)

We cannot doubt that these arguments were intended in good faith; but it will be more difficult to accept them as founded in reason. A great historical fact, and a great experimental fact, render it unnecessary for us to refute them at length. The first is, that all the principal indications of anæsthesia had been already discovered and fulfilled by means of ether; chloroform developed nothing new of importance, it merely enables us to act more expeditiously and conveniently. The second fact was demonstrated by the uniform statements made before our medical society; for a number of years ether has been exclusively employed at Lyons, in the hospitals as well as in private practice. But has surgery on this account been disarmed in the special operations which have been alluded to? We may ask the Société de Chirurgie itself whether the articular extensions which Prof. Bonner obtained by means of ether alone, come under the class of operations for whose success a profound anæsthesia is necessary? “Surgery,” said M. Robert, “would no longer be possible without chloroform.”—(*Moniteur des Hôpitaux*, April 2.) Surgery impossible! And what have we been doing, if you please, in Lyons, these eight years?

But let us discuss only the question of death. In Paris, ether is only remembered as a historical curiosity. It is said, naturally, this agent is quite as capable of killing as chloroform. It has several times caused death when, at the beginning of anæsthesia, no one went to sleep without it; and if, since 1850, hardly any cases of death are reported except from chloroform, it is not because ether is safe, but simply because it is no longer employed as an anæsthetic.

To this we have to make two replies: one rational, debateable; the other of fact, peremptory. In the first place, of the evils attributed to ether, the greater number, with three or four exceptions, may be differently explained. They evidently *follow*, but are very improbably the *consequence* of the employment of the anæsthetic. In most of the cases, the fatal termination was not instantaneous, as is always the case from chloroform. We might

almost call it a chronic or secondary death. Out of nine facts of this kind which I collected toward the end of 1848, the lapse of time between the moment of etherization and that of the cessation of life, was 3 hours, 5 hours, 8 hours, 25 hours, 34 hours, 3 days, 6 days and 15 days! Who would venture to assert that a given cause had alone produced death, when the patient survived almost always several hours, often several days, the action of this cause? The second answer should suffice for demonstration. Lyons has not imitated other surgical centres in making her choice between the two anæsthetics. While elsewhere men were hurried on to extravagance, we kept to the safest doctrine. After a few calamities from chloroform, witnessed by ourselves, we were sufficiently warned. For about eight years, ether alone has been employed at Lyons, either in private or in hospital practice, and during that time the necrology of anæsthesia has remained closed here, at least if I may judge from the universal declaration, and from the silence of those of my colleagues who hastened, in so praiseworthy a manner, to publish, at the beginning, their disasters.

These reflections, of which I willingly assume the responsibility, although they but express, perhaps in more distinct terms, the feeling which has been created in the midst of the Society of Medicine—these reflections, I say, developed a moral force which was not destined to remain long in a potential state. The Society determined that they should serve as the basis of a formal declaration of principles, possessing all the authority which the consecration of a vote could confer.

A more radical idea was started; it was proposed, in order to be still more explicit, and to effectually restrain those who were not sufficiently guided by their consciences, that the presumption of *imprudence* should be attached, by vote of the Society, to any one who should hereafter employ chloroform in a case where he might have used ether. The proposition found no echo, for which it must seek its own consolation. We would have sustained it, if it could have been thereby less isolated. The Society chose to confine itself to its purely scientific mission. It did not desire, at any price, that the opinion it was about to express should be invoked in any other sense than that of the interest of physicians and of patients. At the same time, and with the more confidence in its influence that it maintained it within just limits, it made no sacrifice to the counsels of an exaggerated prudence. A formal statement, without possible action (at least for the present), was the evident result of the union of so many consonant opinions: *Ether is capable of fulfilling the same indications as chloroform, without exposure to the same danger.* M. Barrier, the judicious instigator of the discussion, considered that there was reason for notifying, so to speak, to the scientific world, this statement, in order that it might exert upon all our brethren that influence which, without having been distinctly enunciated, it has already

had upon the convictions and the practice of the physicians of this Province. He consequently proposed, as a corollary to the discussion, the following conclusions:—

The Imperial Society of the City of Lyons is of the opinion:

That ether employed to produce anæsthesia in surgery is less dangerous than chloroform;

That anæsthesia is obtained as constantly and as completely by ether as by chloroform;

That if ether presents the inconveniences which chloroform offers to a less degree, these inconveniences are of slight importance, and do not compensate for the danger inherent to the employment of the latter;

That consequently, ether ought, in general, to be preferred to chloroform.

These conclusions were unanimously adopted.

"NEVER TOO LATE TO MEND."

[Concluded from p. 113.]

CASE III.—*Ovarian Disease.* Mrs. W., aged about 50. Married at 22; has had no children. Good health until 1846, when she had soreness and pain in the right iliac region, and upon examining that part felt a small tumor about the size of a nutmeg, which grew fast, and at length acquired great bulk. So large was it, that a Professor Somebody or Something, of much fame, was called in. He said it was a bag full of water, which filled her belly, and if it were not cut out it would kill her. But she declined the operation. She said further, that she was at that time much larger than when I was called in, and that the water, of the presence of which there was no doubt, had disappeared. From her account of it, I was inclined to think it was ascites; or if a cyst had existed, which might have been the case—a tumor existing at the same time—that the sac had been ruptured, and the fluid absorbed.

I first saw Mrs. W. in September, 1858. A large and very solid, hard tumor occupied the right iliac region and hypogastrium, from which to the left a large mass extended, there being a deep sulcus between them. She was by measurement 37 inches round in the largest circumference. There was not the least fluctuation anywhere, and the intestines were entirely free from flatus. She was incommoded by the weight of the tumor, but had sufficient flesh and strength. She was treated as were the preceding cases, with the liquor calcis muriatis and tincture of iodine.

This day, July 27, 1859, I measured her with the tape which was used last September. The date was then marked on it in pencil, with a line indicating the exact size of the abdomen, then, and at different times since. Her size is 25 inches, 12 less than a year ago. In the last two months she has lost 2 inches. Her general health is good—flesh sufficient—and she is able to work.

The mending in this case is not complete, but, considering all things, the repair is quite respectable. If nothing happens, as the phrase is, she may yet get well.

Two cases follow, which may not come exactly within the limits of my text. This sometimes happens in other preachings. If, however, you think "they will serve," you are quite at liberty to use them.

CASE IV.—*Ovarian Disease.* Mrs. ———, aged about 40. Has had no children. Dropsical ovary—of slow growth—without any constitutional lesion. Appearance healthful—sufficient flesh—complexion clear—expression cheerful—bright. I have never met with a case so declared as was this, in which there was so striking absence of general disturbance.

The abdomen was filled by the ovarian distension. Fluctuation was perceptible, and very distinct everywhere. There was habitual costiveness, and occasional dysuria. The bulk and weight of the tumor embarrassed exercise. This seemed a case in which hydragogues might be tried, and they were given. The abdomen was carefully measured. Purging was well borne, and as size was diminished, and Mrs. ——— had no fears of medicine, she never took less than was directed. She had faith in physic, and she had sight of its salutary uses. She heard of a lady in Baltimore, who had been safely treated by an operation, whose case exactly resembled hers. She went to Baltimore, saw the lady, and the ovarian sac, it having been carefully preserved by her, for she felt that it belonged to her.

Mrs. ——— came home, and determined to have her sac removed, and Dr. Kimball, of Lowell, performed the operation. He used the short incision. A sac protruded as soon as the abdomen was opened. It was punctured, and as soon as it was emptied another sac appeared, and was emptied, and then a third. They were now raised by an assistant and held up, when a doubly armed needle was passed through the base, and the ligatures having been tightly drawn and tied, the empty sacs were severed at the base from whence they arose. Convalescence was rapid and without the least accident, and recovery was soon established. Etherization was employed. Not long after recovery, another tumor appeared in the opposite side. It grew rapidly, and Dr. Kimball being again called, and dropsy of the ovary being diagnosticated, he performed an operation similar to the first, the result of which was as rapid, and as perfect, as in the first.

There are many points of interest in this case. Among these, are the recoveries, and the absence of all disease from the operations. There were no adhesions of the sacs to the walls of the abdomen, or to any of its contents. Mrs. ——— was apparently in perfect health, as much so immediately after the operation as before. Cathartics were followed by diminution in size, which was established by careful measurements of the abdomen. The

highest authority considers it to be established that the lining tissue of an ovarian sac is not, and cannot be an *absorbing* one. Mrs. ———'s case must be regarded as exceptional, for the sac was clearly diminished in size, during very active purging. If my memory serve, hydrocele has spontaneously disappeared, or has gone off during treatment—local treatment. Is there not some analogy between this disease and ovarian dropsy? While the patient is comfortable, the radical operation is deferred. In Mrs. ———'s case the operations were done while she was in *perfect health*. This is a point deserving serious consideration. Was not this condition a cause—an important agent in the recovery? Mrs. ——— was of extraordinary will—of great firmness. She chose the matter of operation, and felt sure of recovery. The result abundantly confirmed her prognosis.

The second operation was done not long after the first, and during perfect health, and with a like good result. Do not these facts go far to show that the common delay of the operation is among the principal causes of its frequently untoward result? We go on tapping, tapping, until it is clear that death, if not at hand, is not far off. What more unfavorable circumstances can exist than the universal disturbance, and local sufferings, during which ovariectomy is commonly done? I know the reasoning for delay. I know well how fatal has the operation been with us, and that success in one case in three is thought large abroad. Would it not be larger if the operation were done earlier? And again, should it ever be done in the desperate conditions supposed? I have never seen ovariectomy successful except in the two cases above briefly sketched. Mrs. ——— had never been tapped, and she was in perfect health; her great size being an inconvenience only. I know a surgeon, for whose knowledge, and for whose opinion, I have the sincerest respect, who I have heard has said that he would never do ovariectomy.

Uterine Dislocation.—July 19th, 1859. I was called July 8th, to see Mrs. P., aged 35; married. First child born July 30, 1858. Did not nurse. Catamenia regular till February 28, 1859, when it ceased, and she supposed herself pregnant. About 7 weeks before I saw her, reports that something protruded from external labia; had been much fatigued by work on the day it appeared. Did not call assistance, as she recollected that in her first pregnancy something of the same kind occurred, but differed from this by receding on her lying down, whereas in this case it had remained constantly protruding and increasing in size. About a week before I was called, viz., six weeks from the first appearance of the tumor, Dr. ——— was called in. He attended her for a week, but Mrs. P. getting no relief from his remedies, and he feeling, as he told his patient, very uncertain as to the nature of the protruding mass, left, recommending Mrs. P. to call on me. The tumor was getting very un-

comfortable to her, making sitting very painful; and a purulent discharge from its surface was now complicating the case.

Upon examination, a large tumor, having two projections, in the sulcus between which was the os uteri. This last was stretched out by the swelling, so as to seem more than an inch in length, having wrinkles or radii going from its edges, or thick rounded lips. It is regretted that the protruding mass was not measured in its circumference, for, had it been, the state of the os uteri would be better understood. The tumor was in parts of it soft, and exactly feeling as if containing a fluid, which doubtless was the case. In other parts it was firm, and unyielding. Its color was bluish, or livid, as Parent Duchatelet says is the color of the vagina and neighboring parts in pregnancy. It may have been owing to the partial strangulation of the mass by the distended external organs. The examination gave no pain.

Mrs. P. believed herself between four and five months pregnant. The signs relied on were cessation of the menses, nausea, the protrusions at the external organs which accompanied her first pregnancy in the early months, and foetal motions. My examinations favored this belief. Firm abdominal fulness existed, and when the finger was carried upward along the surface of the tumor, and it could go no further, a firm resisting mass was distinctly felt, exactly resembling the gravid womb.

In deciding what was to be done, it seemed in the first place very clear that the protruding mass belonged in the pelvis, and the indication was quite as clear that the sooner it got there again the better. To answer the indication, the tumor was seized in its length by both hands, one not being sufficient to receive it, and was by gradual pressure so far diminished in size as to lead to the belief that it might be carried upward, or within the external organs. The direction given to the ascending mass was forward, the end of the tumor itself being carried toward the perineum. It soon began to return to its place, and was at length completely reduced. The finger now being carried along it, reached the womb, enlarged, and certainly very firm; and in its whole feel entirely unlike the formerly protruding mass.

Now what was this mass? The cervix uteri was greatly enlarged and lengthened. The fluid within it led to the thought that the bladder might be dislocated, and the catheter was used. But a very small quantity of urine came away, and the instrument as soon as it cleared the symphysis suddenly and strongly passed forward toward the anterior wall of the abdomen. The diagnosis got confirmation from the changes which the tumor underwent after reduction. Mrs. P. was visited the day following, when the mass, or cervix, was found to be sensibly diminished, and in subsequent visits was found to have nearly acquired its natural dimensions. A T bandage, with a thick compress to the external organs, was applied, and the patient directed to remain in bed, and to avoid all unnecessary exertion.

A question may arise as to the existence of pregnancy. The opinion of Mrs. P. on this point, is in the history. She has certainly furnished a new sign—*proidentia uteri*—of that occasionally embarrassing condition; but in one example only.

Incontinence of Urine.—Miss ——, between 30 and 40, works in a shop, sitting all the time. Goes early, carrying her dinner, and does not leave work till evening. No water closet in the premises.

“They manage these matters better in France.” He or she of our own city, who finds him or herself, after less than a fortnight’s voyage, in Paris—that city of magnificent accommodations in all kinds—may take breath, and feel there more than at home.*

But to my story. Miss —— was sorely tried by her first experiences in her place of work. The bladder and its earnest solicitings were wholly neglected. No matter what was the demand in amount or frequency, the evil must be endured for the present, and the future. At length habit made tolerable what was certainly bringing terrible harm and suffering. The time for which the urine was retained seemed to me incredible, but Miss —— was a competent witness in every sense of the word. At length the bladder began to provide for itself. In other words, the urine began to take its own course—to act without the will. This was not in some respects agreeable, but the relief was compensation enough for the time. The balance, however, soon got disturbed, or was on the wrong side, and gradually the whole system began to tell its story. In few words, she had to give up work—to keep at home—and at length to go to bed, and to keep there. I was now called. The foregoing history was given, and in addition to involuntary urinations, it was found that the bladder was gravely diseased. There was blood, and a heavy mucopurulent addition to the urine; there was constant pain in the bladder, and surrounding external and internal tenderness, and sharp soreness. We rarely meet with a more pitiable object than was this poor woman. It was serious, too, to have to give up work, for by that she lived. Costiveness existed in its extremest degree. This had come of her irregular and sedentary life.

Under treatment the bladder recovered, so far, at least, as not to be painful, and the urine grew natural. Much difficulty was met with in overcoming costiveness. I have long used for this, a prescription of Mr. Henry Earle, a distinguished London surgeon,

* Let me give an illustration. I had, one beautiful morning in Paris, reached the Station for the South of France, on my way to Madrid. The Station is near to the Garden of Plants. My attention was attracted by a notice which was at once understood. A woman stood by a door with a key in her hand. I approached her. “Do you do *both*, sir?” said she. “No; *one*.” “Here,” said she, pointing to a door. A sous, and the dialogue was ended. Now this I call luxury. I am told that a Minister Plenipotentiary who had just got home, here in Boston, once availed himself of a *corner*, which our staid ones thought was a custom more honored in the breach than in the observance amongst us, who are native here and not to the manner born; and which a modern Dogberry might have looked into. One of our most honored physicians has done much good by getting accommodations in establishments in which women are employed; and you, Messrs. Editors, have earnestly called attention to more public arrangements for the same most important object.

many, many years ago. R. magnes. sulphat., \mathfrak{z} i.; magnes. calcinat., \mathfrak{z} ij. M. ft. chart. no. iv. Of these, one is to be taken before breakfast, in a teacup of gruel. I have used this cathartic for many years in my walks, and have for the most part found it excellent. At times larger doses may be necessary. Two or three times a week is often enough, with longer intervals and smaller doses as the bowels get into better state. For some renal troubles, these powders do well.

Incontinence continued in Miss M.'s case, notwithstanding the improvement in other symptoms, or states. I now consulted Dr. Morland's excellent work on the Urinary Organs. It had just appeared. I here learned that cathartics had been found useful, nay, curative, in urinary incontinence, and notwithstanding such purging as had followed my treatment, I was determined to try something more. It occurred to me that a favorite cathartic of the late Dr. Samuel Danforth—a physician amongst us of the highest fame in his day—his *Ten* and *T'en*, so called with his subsequents, might do something, and the following was written for: R. Hyd. sub. mur., pulv. jalap., aa gr. x.; muc. acaciæ gum., q. s. M. ft. pil. no. iv. The direction was to take these at once; and in four hours, if no purging, R. Ol. ricin., suc. limon., aa \mathfrak{z} ss. M. This was to be repeated in four hours; and if no free dejections, an enema, according to the Hospital rule—soft soap, olive oil, &c. &c.

The pills were taken, the oil and lemon juice prepared—but just before the last hour was accomplished, hints of intestinal action declared themselves, and too emphatic were they to be questioned. Seven dejections rapidly followed each other. These were of black indurated balls, sharply scraping as they came. Then a short repose, and lastly two most copious, soft-solid, and liquid stools.

Miss M. declared to me that there was never anything which equalled this purgation. She was a new creature. The bladder gradually came into correspondence with and obedience to the will. She could do as she pleased. She went into the country to recruit, and returned to her old work of "stitch—stitch—stitch;" got into good quarters, with steady and well-paid-for employment, and excellent necessary accommodations.

When William Hunter, having told his class, one day, that he once had a patient who from a most mismanaged labor had extensive mortification and sloughing produced of vagina, perineum, rectum, &c. &c.—and notwithstanding all this had recovered—he concluded by saying, "Gentlemen, do not call this one of Hunter's stories, but learn from it the importance of proper treatment of your cases of difficult labor, and have faith in medicine, under whatever circumstances."

Now, dear Editors, do not call the above one of my "stories," but do all you can to remove the occasion of so much danger and distress as Miss M. encountered; and, above all, notwithstanding Sir

John Forbes and Mr. Bennett, have faith in physic, even to the use in your practice of TEN and TEN.

In my Note Book—"the book and volume of my brain"—are two cases of polypus uteri, which, from the manner of their termination, may be worth a word or two:

CASE I.—Mrs. —, married—had long been flowing. She grew sallow—yellowish under loss, and her disease was called "Liver," and treated accordingly. She grew very weak, which was ascribed to "loss of strength"—not to the other *loss*. For this, exercise—out-door-exercise—driving, a generous diet, tonics, &c., were directed. But liver treatment, and exercise, did no good, and so in due time she kept house, and then bed. Another physician was called in. He made an examination—this not having been done before—and found polypus. He requested me to see Mrs. —, and a ligature was passed round the tumor. The instrument was returned to me, and attached to its loop-end was the polypus. The ligature had been drawn until it ceased to render, and the part of the tumor which it encircled was of no estimable diameter. Absorption had taken place toward an inch *above the ligature*, and there was the spot of separation. She recovered perfectly.

Mrs. —, aged 47, has had but one child, now 14 years old. For eight years has flowed most at periods, but often in intervals, especially under exertion. At length, having broken down, she desired that I should be sent for. The messenger—a layman—described the case so clearly, that I was well satisfied as to its nature and carried my instrument for polypus with me. Upon examination, anteversion and a polypus were discovered. A ligature was applied. As the end of the polypus looked strongly to the hollow of the sacrum, some difficulty was experienced in passing the ligature round the tumor, of which an inch or two only had passed the os. The family physician drew the cord twice daily, and when I went out on the third day, it was clear that decomposition had satisfactorily occurred. Several inches had been added to the ligature by drawing. I went again on the seventh day, and drew the cord myself. It did not render, a line. The instrument was now put upon the stretch, and was found very loose, coming down easily at first, then stopping, and a dragging sensation was felt by Mrs. — at the lower part of the abdomen. A finger was now passed along the canulæ till their ends were felt. They were in close contact, and nothing like a loop could be felt. Leaving this point, a portion of the tumor was reached, which was small, round, and of some consistence; and still further on, the remaining and uterine portion was felt. It was now clear that the separation, as far as accomplished, of that portion which was below the ligature, out of the womb, had not taken place by the action of the ligature, but above it, and by absorption—the living part having nearly thrown off the dead one. Some effort was now made by the

finger to complete the separation, which was soon effected. At the moment this was done, Mrs. — made a slight, sudden start, as if fully sensible of what had been done. The canulæ were now drawn out, and hanging at the end was the tumor, the separation having occurred half an inch or more above the ligature, and exactly resembling what was observed in the first case. This happened a week and a day from yesterday, Sept. 2, 1859, and about a week from the application of the ligature. I found Mrs. — in a perfectly good state of convalescence, and directed a strict perseverance in the horizontal position, as I have known most alarming syncope, and in one case death, to have occurred from premature sitting up after operations in uterine disease accompanied by long-continued and large hæmorrhages.

The physiological interest of these cases is the mode in which the tumors were separated. The practical one is, the importance of ascertaining why the instrument does not come away at once upon being drawn, if it be apparently detached—the ligature having ceased to lengthen when drawn, and the canulæ coming down an inch or more with perfect ease, but still showing a connection with that to which they have been applied, by receding more or less when the strain is taken off. Days in Mrs. —'s case would have passed, had not the cause of retention been discovered, and removed. I do not remember any recorded case similar to the above, and am sure that none like them have occurred in my own practice. I have heard of a polypus remaining in the pelvis eight days after the canulæ have come away; another, for two or three days. The physician, in the first, had not at the time the means of seizing the very large movable mass—the second being an intra-uterine polypus, and which could not be successfully reached. The last patient finally got out of bed upon a vessel, and by strong voluntary effort expelled the tumor.

We have been talking of fleshy tubercle in the polypus, and in ordinary simple uterine enlargements. It is polypus when occupying the uterine cavity, and simple tubercle when occupying the cavity of the peritoneum. In both, the disease is the same. I have met with one instance in which both polypus and common uterine enlargement existed in the same patient. For preventing hæmorrhage, the polypus was removed. Ascites further complicated this case, and when I last saw Mrs. — she was sinking under her many troubles. Enucleation now and then occurs, for the fibrous tumor is quite distinct from the peritoneum and uterine mucous tissue. In one case, enucleation had begun toward the cavity of the womb, as I discovered after death, this being caused by uncontrollable hæmorrhage. In the other, enucleation was accomplished after death, the tubercle being very easily detached from both peritoneum and mucous membrane.

Messrs. Editors, I have no doubt both you and your readers

will rejoice at having at last reached "Land." You recollect the old Greek story of an audience listening to a most long and tedious work. I will not tell it, but only add,

I am very truly yours.

Boston, September 5, 1859.

W. CHANNING.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 23d.—*Hydatid Placenta*. Case reported and specimen shown by Dr. C. E. WARE.

The patient was a healthy woman who had been confined three times; the pregnancies having been in every way normal. At the end of the second month of the present term of pregnancy, she was threatened with miscarriage; there being pain (in the back) and hæmorrhage. She was examined by her physician, who supposed the placenta to cover the os. She, however, recovered from the attack, but at the end of the third month was again attacked with similar symptoms—at which time Dr. Ware saw her.

Under the use of opium and rest these also passed off, and she again got about.

At the end of the fourth month she thought she had quickening, the sensations being noticed, however, but two or three times afterward. At the end of the fifth month, she again had hæmorrhage, which was not severe, and which soon ceased, the patient being in other respects quite well.

At the end of the seventh month, there was an attack of severe pain, but little or no hæmorrhage.

Dr. Ware now examined her, and found a soft mass within the os uteri resembling the placenta. This he succeeded in separating; and in an hour and a half it came away. The abdomen did not increase in size after the fourth month. No embryo was discovered.

JULY 15th.—*Discharge from the bowels of the Appendix Cæci during convalescence from an acute attack*. Dr. JACKSON presented the specimen, and gave the following history of the case which he had received from the attending physician, Dr. JAMES ROBBINS, of Uxbridge.

The patient was a robust farmer, aged 24 years; habitually rather costive. On Saturday, the day before his attack, he had erred somewhat from his usual diet, and toward midnight he began to feel sick; nausea, with vomiting of all the food he had taken the day before, in an acid state, and much pain in the abdomen from distension. Early the next morning he was seen by Dr. R.; symptoms continued, and the abdomen was somewhat tender; had had two fæcal dejections, not costive. Ordered small draughts of soda, aloetic pills with enemata, sinapisms and fomentations to the abdomen. During the next twenty-four hours he was attended personally by Dr. R., but got no relief. About 2 o'clock in the night he had a pretty severe chill, and, fearing peritonitis, Dr. R. took about a pint of blood from the arm, but the appearance was not particularly inflammatory, though there was some relief.

On Monday morning, he was about the same. Pain nearly constant, with paroxysms of increase. Whole abdomen considerably swollen, with no particular tumefaction; soreness most on right side; eructations of flatus in great quantities from the stomach; vomiting continued, and inability to sleep. Calomel was ordered, with opiates if required; and a blister to the abdomen. In the evening the blister had drawn imperfectly; had had a somewhat fecal dejection, but there was little or no relief except that the opiate had procured some sleep. About the middle of the night, Dr. Ballou saw the patient in consultation; and fearing inflammation, he advised another venesection, but the blood showed no signs of inflammation. Dr. B. also advised pills of aloes, scammony and gamboge, a repetition of the fluid extract of senna which had previously been used, some doses of castor oil and some of oil of turpentine.

On Tuesday, about the same; vomiting perhaps rather less frequent; no dejection. Enemata well retained, but returned unchanged. These last were repeated, variously composed, throughout nearly the whole course of the disease; and, repeatedly, Dr. R. introduced a flexible tube ten inches, and passed up about $\frac{3}{4}$ l. of fluid, by forcing it into the raised funnel-shaped extremity, but with no better effect. In the night he got but little sleep, and no essential relief; by the advice of Dr. B., the anodynes were discontinued.

On Wednesday morning, an infusion of tobacco (Div. to about a pint of water) was given as an enema, and the effects were strongly marked. In less than five minutes it was returned, with a large quantity of mucus; profuse perspiration came on; the pulse, which had ranged from 100 to 112, fell to 84, and there was a distressing sense of prostration; two dejections followed, with considerable quantities of green mucus, but without feces or fecal odor. The symptoms, however, were rather improved. In the afternoon, Dr. Ballou again visited the patient, and a frequent use of the blue pill was commenced. A larger blister was applied at, or more probably before this time. The abdomen was still very full and tender, but no marked tumefaction was found in the right hypogastric region; eructations still annoying, though somewhat diminished.

On Thursday, Dr. R. discovered an oblong tumor, reaching from above the spine of the right ilium nearly to the groin. A blister was applied over its whole extent, as some parts of the surface had not been affected by the previous ones; and this was removed a day or two afterward. On Thursday night, dejections of a fecal character began to take place, and for a day or two were quite numerous. The symptoms soon subsided; the tumor gradually diminished, and on the following Tuesday there only remained a small portion of it at the upper extremity.

Having discontinued his attendance upon the Tuesday referred to, Dr. R. was again called to his patient on the following Friday or Saturday. He was no worse, but his friends were alarmed at his having passed, during the previous night, a substance which Dr. R. found, on examination, to be the appendix cæci; "it was in a fetid, gangrenous condition, and there were in it some irregular openings." More than three years have now elapsed, and the patient's health has been perfectly good since the above attack.

Dr. ROBBINS remarked upon the free use of mercury internally and externally, and the absence of any evident mercurial action upon the

system ; upon the non-inflammatory appearance of the blood, though the intestine must have been inflamed ; and he questioned whether the appearance of the blood, as he observed it, was due to anything peculiar in the inflammation, or to a mercurial action, though this last was not shown in the usual way. In regard to an explanation of the case, he thought " that some foreign body, probably, became impacted in the entrance of the appendix, that it then became inflamed at that point, and the circulation cut off from the remainder ; that ulceration then supervened, and the whole body of it being dead, was sloughed off into the intestine." Physiologically, he thought the question might be asked—" of what use is the appendix ?"

Dr. JACKSON remarked that the case was unique, so far as he was aware. The length of the appendix varies in different individuals. In the present case it measures 3 1-8 inches, and there is a gangrenous opening about an inch from the free extremity ; the situation and the size of this opening being about what is usually seen in the disease referred to by Dr. Robbins. The line of separation is not transverse to the length of the appendix, but quite oblique ; and the edges have not the sloughy appearance that is seen about the perforation. Dr. J. said that, in the cases referred to by Dr. R., he had never found the foreign body at the entrance to the appendix, but generally midway ; and he could not but think that in this case its situation had corresponded to the perforation ; the cœcal extremity of the appendix he had generally found sufficiently healthy, and he regarded it as a very remarkable occurrence that a separation should take place at this part. That the disease was in some way connected with the presence of a foreign body in the appendix, he thought there could not be much doubt ; the local abscess that generally forms about the appendix in these cases, assisting in its separation and expulsion into the cœcum. The specimen has been presented by Dr. R. for the Society's Cabinet.

Dr. HODGES said that he had examined the specimen, and had no question that it was the appendix cœci. At a subsequent meeting, Dr. H. gave an abstract of a very remarkable case of intus-susception or inversion upon itself of the appendix cœci, and showed copies that he had made of two drawings accompanying a full report of the case in the *Edinburgh Medical and Surgical Journal* for March, 1859.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 15, 1859.

EMPLOYMENT OF ETHER INSTEAD OF CHLOROFORM IN FRANCE.—The merits of ether in preference to chloroform as an anæsthetic agent are slowly gaining ground in the estimation of the medical public, and the time will surely come when the latter drug will be almost wholly abandoned. It is unsafe, in the most careful and most experienced hands. Again and again have efforts been made to explain the mysterious deaths occurring during its inhalation. By some, the impurity of the article is held responsible ; others speak of spasm of the lung,

congestion of the lung, syncope, obstruction of the glottis by the tongue, fatty degeneration of the heart, and other hypotheses. But however difficult it be to account for the death, the fact itself is plain enough, and the number of cases has now become alarmingly great. They can be counted by hundreds. Now, so far as we are aware, *not a single death has ever occurred in consequence of the inhalation of ether*; and when we consider how often this drug has been inhaled by incompetent and even ignorant persons, the fact is certainly very remarkable, though not more so than the obstinate persistence of surgeons in employing so dangerous an agent, when an equally efficacious and far more safe one is at hand.

We publish, to-day, a translation of an article from the *Gazette Médicale*, of Lyons, in France, upon this subject, called forth by a recent discussion of the comparative merits of the two substances as anæsthetics, in the Imperial Medical Society of that city. We doubt not it will be read with interest, and we trust it will be read with profit by many who are in the habit of using chloroform. The flimsy replies to the able argument of M. Hervey de Chégoin, in the *Société de Chirurgie*, will strike the reader with astonishment. Is it possible that mere convenience of administration can for a moment weigh against the danger of instant death? for, after all, this is the only real advantage which chloroform possesses over ether. The reply of the editor of the Lyons *Gazette Médicale* is conclusive to those who maintain that the most perfect anæsthesia cannot be produced from ether; ether has been exclusively employed, with perfect success, in every case in which complete insensibility and muscular relaxation was required, in that city, for the past eight years. We may add, that the same is true of Boston for a longer period. Except for a short time, ether is the only anæsthetic which has been used in Boston, ever since the first memorable demonstration of its effects in the Massachusetts General Hospital.

We wish to say a few words about the alleged effect of the inhalation of ether in giving rise to erotic ideas, especially in females. We believe that this effect, always rare, occurs no more frequently with this agent than with chloroform. We have administered it to a great many women, as well as men, but we have never seen any evidence which would lead us to believe that such results are produced by it. We know that these effects have been occasionally observed by others, but we believe that they are quite as often caused by chloroform. The case of Dr. Beale, of Philadelphia, who was tried, and most unjustly convicted of the rape of a young woman who was under the influence of chloroform, undoubtedly furnishes an example of this. It will be recollected that the patient was menstruating at the time, and was shortly to have been married. She testified that the dentist committed a rape upon her, while she was under the influence of chloroform, in the operating chair. No evidence, other than the statement of the plaintiff, was introduced to prove that any rape had been committed, and the circumstances were such that a nominal sentence was pronounced, and the prisoner shortly afterward was pardoned.

The only objection which can be urged against ether as an anæsthetic, is its inflammability. In cases of surgical operations about the mouth, in which the actual canterly may be required, it might become dangerous, and under such circumstances it might be justifiable to employ chloroform. The same remark will apply to operations about

the head when it becomes necessary to operate by candle-light—as in croup, for instance. With these exceptions, ether answers every purpose which can be fulfilled by chloroform; and we reiterate our firm conviction that its safety will ultimately give it the preference over the latter agent, in every part of the world.

PHYSICIANS' CERTIFICATES TO THE CAUSES OF DEATH.—The Board of Aldermen, on the 5th inst., passed an order directing the Committee on Ordinances to consider the expediency of amending the ordinance concerning the Public Health, so that the certificates of attending physicians shall be required before the interment of the dead. We are glad to see that the City Government is at last awakening to the necessity of a proper recognition of the causes of death. We have repeatedly urged the extreme importance of some measure which should put an end to the vague reports which are made to the City Registrar by undertakers, who in the majority of cases are obliged to apply to the friends of the deceased for the name of the disease which was the cause of death, which information, of course, in many cases, is erroneous. The following instance is but one out of several which have come to our knowledge. A patient died rather suddenly, after an illness of a few weeks of a vague and indefinite character. The diagnosis was difficult, and, as it proved, erroneous. It was thought, in the absence of any well-marked symptoms, to be a case of mild typhoid, or "slow" fever. The *post-mortem* examination revealed an aneurism of the abdominal aorta, which by pressing upon the spine had caused pain in the back, the chief source of complaint of the patient. The case was reported to the Registrar as one of "unknown" disease; but had the undertaker been required to obtain a certificate from the attending physician, the true disease would have been recorded, and a vitiation of the statistical returns would have been avoided.

There can be no doubt that a large number of errors of this kind are constantly committed, and the effect is really and positively injurious to the community. To those who have not considered the matter, it may seem of very little consequence that the causes of death should be correctly reported, or that they should even be reported at all; but it is now universally acknowledged by all who are conversant with sanitary matters, that it is of very great consequence to the health and well-being of the community that we should ascertain, as accurately as possible, the causes of death among us, in order that these causes may, so far as possible, be anticipated and prevented. Our City Government admits the importance of registration, but by a singular inconsistency does not provide for the accuracy of the returns—as if the value of the latter were not in exact proportion to their reliability.

We hope the Committee on Ordinances will report in favor of requiring a certificate from a physician before each interment. The undertaker should procure the certificate from the attending physician; or where there has been no physician in attendance, one should be called in, to certify to the cause of death. This plan is pursued in the city of Providence, and with the best results. Dr. Snow, the Registrar, says, in his Report of Births, Marriages and Deaths for 1858, that "the returns of deaths during the past year were full and accurate. Indeed, we have no reason to expect any great improve-

ment in this respect, in future. During the year 1858, the date of death, name, age, place of death (including street, number and ward), the sex, color, condition (whether married, single, widow or widower), the birthplace and parentage, were obtained and recorded, of every individual who died in the city. There were no blanks or 'unknown' in this information. The same information has been obtained, with equal fulness, during the past three years. The physicians' certificate of the causes of death are obtained in nearly all cases where physicians have seen the patient, and thus we have the best evidence that can be obtained in relation to this important portion of the statistics." We have often had occasion to praise the accuracy and completeness of the vital and mortuary statistics of Rhode Island, and particularly of the city of Providence. There is no reason why our own should not be equally complete, and, as based upon a larger number of facts, more valuable. In order to make them so, it is of the first importance that the causes of death should be correctly registered, and this can only be done by requiring a certificate from a physician in every case, before giving a permit for interment.

THE CASE OF DEATH FOLLOWING THE BITE OF A TURTLE. *Messrs. Editors.*—Seeing, in the last number of the JOURNAL, that you have noticed the death of a boy in Plympton from the bite of a *swimming* turtle, I send you some particulars of the case, that you and your readers may judge whether the death was *from* or *merely after* the accident.

On Sunday morning, July 9th, I was requested to see the lad to which the *Gazette*, from which you quote, alludes. He was a bright little fellow, about 11 years old. He sickened on the morning of the preceding day, with the usual symptoms of fever—chills, headache, lassitude, &c.

When I saw him, forty-eight hours from the attack, he complained of some pain in the head, was unusually restless, with the tongue covered with a brownish coat, and with the pulse from 150 to 160 per minute, the restlessness presenting something of a paroxysmal character. The right thigh was somewhat painful, slightly tender to the touch, and a little enlarged. I saw him again on Monday morning, and found the swelling, tenderness and pain of the thigh nearly gone, but the other symptoms had all increased in severity. On my arrival on Tuesday morning, the pulse was not perceptible in one wrist, and, though felt, could not be counted in the other. The paroxysms of restlessness had wonderfully increased in violence, the boy tearing with his teeth the sleeve of his shirt, the pillow case and whatever he could get hold of, but never attempting to bite the attendants. There was no difficulty of deglutition, and he swallowed water with avidity. Although, when spoken to, he would give intelligible and coherent answers, he would immediately relapse into a kind of half cry, alternating with screeching, and attempts to tear the clothing with his teeth. He complained of but little pain. The ring finger of the right hand was swollen, and looked like going on to supuration. I made an appointment to see him in the evening, but other engagements prevented, and on Wednesday morning found him dead. He died at about four o'clock in the morning, the sixth day of the disease.

Some five or six days previous to his sickness, while playing with a *small spotted turtle* which he had found in a little pond near the house, the fore-finger of the left hand was bitten. He had been prying open the turtle's mouth, to feed it with pea-nuts, and when bitten, was teasing it by poking his finger at it. The finger swelled considerably, but there was no considerable pain. So little trouble had it given him, that the family had forgotten the occurrence until the morning of the sickness, when the man with whom he lived asked him how his finger was, and he replied that it was well enough, but, upon examination, about half a teaspoonful of matter was found to have collected.

The patient residing some six or seven miles from me, no *post-mortem* examination was made. I have heard incidentally—with how much truth I know not—that the head and whole body were badly swollen before burial.

I have never known or heard, before, of any serious results from the bite of a turtle. Would the fact of its having been teased and irritated for a long time increase the poisonous effects of its bite? I think in a dog it will do so. C.

Middleboro', September 5, 1854.

Deaths in Boston for the week ending Saturday noon, Sept. 10th, 98. Males, 52—Females, 46.—Accident, 5—anaemia, 1—apoplexy, 1— inflammation of the brain, 1—cancer in stomach, 1—cholera infantum, 22—e-e assumption, 14—convulsions, 1—croup, 1—dysentery, 5—diarrhoea, 1—dropsy, 4—dropsy in the head, 4—drowned, 1—debility, 1—infantile diseases, 8—puerperal diseases, 2—scarlet fever, 2—typhoid fever, 1—disease of the heart, 2— inflammation of the lungs, 3—marasmus, 3—measles, 1—old age, 2—palsy, 1—premature birth, 1—smallpox, 2—suicide, 1—teething, 3—tumor, 1—whooping cough, 1.

Under 5 years, 54—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 71—Ireland, 21—other places, 6.

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No. 8.

DIPHTHERITIS, OR THE MEMBRANOUS DISEASE; COMMONLY CALLED MEMBRANOUS CROUP; AS IT APPEARS IN ROXBURY AND THE VICINITY OF BOSTON.

[Communicated to the Boston Society for Medical Improvement by B. E. COTTING, M.D., Associate Member,
and transmitted for the Boston Medical and Surgical Journal.]

“ANOTHER thing which prevents some practitioners from knowing the fatality of their own prescriptions, and what Nature left to herself can do, is that they never leave Nature to herself. The moment they are called, they fall to work with their draughts, juleps, and apozems, and persevere with unrelenting assiduity till the disease terminates one way or the other; if the patient recovers, the medicine gets the credit; if he dies, the disease is thought to have been incurable.”—*Med. Sketches*, by JOHN MOORE, M.D. Lond., 1786.

A MEMBRANOUS disease of the mucous tissues, peculiarly fatal when affecting the air-passages, has been known from time immemorial. Evidences of this knowledge may be found under “a vast variety of names” in the works of older authors, and we have the best authority for the assertion that “it may reasonably be doubted whether the ancients were not fully as well acquainted with diseases of the fauces and windpipe as the moderns are.” This vagueness in names, “which have fluctuated perpetually in meanings ascribed to them,” pervades also more recent descriptions, to such a degree that the number of new appellations has become even greater than that of the old. From the Prognostics of Hippocrates down to the late harangue of Trousseau, these names have represented symptoms, lesions, and localities, commingled in almost inextricable confusion. Singularly enough, the term most prevalent with the ancients, and that almost universally adopted within the last century, so far as they have any significance in themselves, indicate inconstant or unimportant symptoms merely, common to other complaints, or seldom occurring in true uncomplicated membranous disease. The former has been obsolete for a long time; the latter,* now the cause of much violent and misdirected treatment, should be restricted to a single form of disease, or else discarded from use altogether.

Of all these appellations, ancient and modern, that given by Bretonneau, about thirty years ago, would have been the most worthy of universal adoption, had he and his followers persist-

* *Croup*: a vulgar Scotch word, first introduced into medical literature by F. Home, 1765.

ed in classing under it various kinds of "angina"—thereby making it as vague as any of its predecessors. At first this term met with some little opposition and ridicule; subsequently it fell into apparent neglect, but now seems to be starting afresh into general favor. Such, however, is the professional tendency to extremes, that, from present indications, all the acute diseases of the throat and air-passages, however dissimilar, will before long have a place prepared for them under the expansive title of Diphtherite, or its English corruption, Diphtheria.

The original Greek word,† far superior in all respects to any of its recent derivatives, certainly indicates the peculiar characteristic of membranous disease; and perhaps it is not too late to hope that this or some other appropriate term may sometime hereafter be received and restricted to that disease alone. In the momentary indulgence of such a hope, the following remarks will be confined as far as possible to the membranous disease, commonly called in this vicinity "membranous croup"—a true diphtheritis. The conclusions to be offered are founded on those cases only where the peculiar membrane was obtained and carefully examined, after spontaneous ejection in cases of recovery, or by cadaveric autopsy.

The membranous disease is an affection, the result of a distinct influence, giving rise to characteristic symptoms or outward manifestations, through which, as is the case with other diseases, it becomes known to us. These symptoms are both constitutional and local. The constitutional may be so severe and so rapidly developed as to destroy life before the local have become a source of danger; or they may be so slight as to be overlooked. The local, also, may have the violence, though not the other characteristics, of rapid inflammations, or their existence may even be a matter of doubt until made evident by obstruction caused by the membrane fully formed.

It is a self-limited disease; having its beginning, middle, and ending, as marked and uniform in progress, and as uncontrolled by any means now known, as variola, measles, or any other disease that can be cited. It is as distinct from all other diseases of the mucous tissues, with most of which it has been confounded, as measles is from scarlet fever, which two were so long considered identical.

The formation of the membrane, a constant condition (as constant as the eruption in variola‡), does not always correspond in amount to the severity of the other symptoms, general or local—in this also resembling the diseases alluded to. The membrane may be only a thin film, or it may have the thickness and toughness of mois-

* "On appelle encore communément *Angine* toute affection inflammatoire plus ou moins intense de l'arrière-bouche, du pharynx, du larynx, ou de la trachée-artère." Nysten, 1854, p. 73.

† Διφθερίτης, scilicet Διφθερίτης, covered or clad in soft skins, a term borrowed from the stage. Hence, by easy construction Νοσος ἢ διφθερίτης, the membranous disease.

‡ Membranous disease without the membrane would be as great an anomaly as "variola sine variolis."

tened parchment. It may cover only a very limited space, or it may occupy the whole mucous surface of the organs attacked. It usually forms gradually, at first a very thin layer (which may be likened in appearance, and adhesiveness to the surface beneath, to the first coat or "priming" of white paint on a pine board); then this layer becomes thicker and tougher day by day, until it reaches its limit. Its progress, so far as it has any, is from above downward, and any deviation from this rule is rather apparent than real. From the outset, however, it generally covers all the surface that it ever will during the attack, increasing only in density. Its thinness may prevent its being early noticed on parts within sight, though clearly visible at a later period of the disease. During its formative stage it remains firmly adherent to the mucous tissue beneath it; so firmly that it is impossible to remove it, even by the most careful dissection. As soon as this stage is completed, usually in four or five days from the onset of the disease, the membrane begins to loosen from its foundation, and soon becomes entirely separated. This is a process as natural as the separation of a scab from a sore; and if a portion be artificially removed by violence or otherwise, another forms in its place, as a new scab succeeds to one prematurely detached. When loosened spontaneously, it creates sufficient irritation and cough to cause its expulsion. It is sometimes cast off without observation, while at others its ejection is attended with convulsive efforts of the greatest severity. Harsh attempts, by emetics, probangs, and the like, to dislodge the membrane before its natural separation, are often accompanied with fearful risks; and, could the proposed object be effected, it would involve a re-formation—more to be dreaded in the exhausted state of the patient than its first appearing.*

The membrane itself is of a peculiar structure—a tissue of elastic fibres longitudinally arranged; the fibres smooth and in no degree transversely striated. Great elasticity is one of its characteristics. It is inorganic in its nature, or so much so that it never tends to organic union with the subjacent tissues. This membrane differs essentially from the lymph or plastic secretions which encrust the tongue, tonsils, and fauces, in many acute disorders and aphthous diseases of the parts; and which may be condensed and removed in filmy shreds, or even generated, by the application of caustics or strong acids. These shreds sometimes greatly resemble the membrane, but ordinarily they can be as readily distinguished from each other by experienced observers as the fabrics of linen and cotton can be by those who deal in them. Like these fabrics, however, they may occasionally require minute and even microscopic examination to determine their true character.

* Sometimes, especially when the disease is confined chiefly to the larynx, after frequent premature efforts to dislodge the membrane and the expulsion of some small fragments, an irregular surface, with an appearance somewhat similar to ulceration, may be noticed *post mortem*.

Membranous disease is a disease of childhood. But Nature knows no abrupt limitations. It occurs frequently in infancy, and is not unknown in advanced age. In infancy, however, the membrane seldom descends into the larynx, and therefore rarely becomes a source of danger. In adults, on the other hand, formations of a membranous character in the pneumatic portions of the bronchi are more common than generally supposed, but, being thrown off without difficulty, escape notice and are therefore supposed not to have existed. Their appearance, generally, is less leathery when from these parts, and, on that account, less liable to attract attention. When, on the other hand, such formations invest the trachea and larynx of an adult, they often become remarkably thick, firm, and adherent, and render a fatal result exceedingly probable.

Membranous disease is not very infrequent. In Roxbury, a city of now nearly or quite 20,000 inhabitants, during the past eight years, according to the public register, there have been 71 deaths from "croup." This may be considered about the true number of deaths from membranous disease, for although some may be so recorded which occurred from other causes, yet it is quite as probable that as many died of this malady but were classed under other names, since the complaints commonly called "croup" in this vicinity are seldom or never fatal, unless of a membranous character. The number thus recorded gives about 1 death for every 40 from all causes; and, on an average, 1 in each year for every 2,200 inhabitants. The yearly average is 9—the least number being 4, and the largest 13. Of these 71 deaths, 1 only occurred in the month of July and 1 in August. In November there were 12 deaths; in February, 11; in April, 10.

Although the proportion of deaths from this disease in this city has in some years equalled, or even exceeded, that of Paris in the years when it was there called epidemic, it has never been considered epidemic here; nor has it been notably connected with any other epidemic.

We have seen no evidence that it is contagious. Although several cases have sometimes occurred at the same time in the same household, the attending circumstances have been such as to preclude the probability of its having been communicated from one to another.

Membranous disease occasionally supervenes upon other diseases—scarlet fever, measles, and the various diseases of the throat. In this respect, it resembles some other affections (erysipelas, for example) which appear spontaneously and alone as a general rule, but sometimes accompany, or become complicated with, other complaints. According to foreign accounts, it is a frequent attendant on severe or malignant anginas, as they term them, and perhaps common inflammatory diseases of the throat. Such is not the case in this vicinity.

Whenever membranous disease occurs as a complication with any other acute or inflammatory affection, a fatal result is almost certain.

It requires an acute and practised observation to detect membranous disease in the first hours of its commencement. So slight are its symptoms that parents frequently omit to send for their physician until the third or fourth day, and then often with hesitation, lest he should think the attendance unnecessary. At this later stage of the disease the patient usually has an anxious expression of countenance and manner, and appears oppressed. He labors in breathing—the prolonged inspirations and expirations being of nearly equal length and difficulty. But the peculiar closeness or muffled sound of respiration is the principal diagnostic sign. It is very difficult to describe this sound. It can only be learnt by attentive and frequent observations. Yet it is more reliable and therefore more valuable than all other diagnostic signs. Once in a while it can be detected before any other indication of the disease is manifest, say in the first two or three hours. Parents have, in rare instances, detected it thus early, after having lost one or two children by the same disease, while the fatal sound was still ringing in their ears. The muscular movements of the face, neck, and chest, concerned in respiration, assume a peculiar laboring appearance or expression, which becomes more marked as the disease advances. But the difficulty of breathing is not always in proportion to the amount or thickness of the membrane, for this difficulty is much influenced by the more or less disabled condition of the muscles and other appendages of the glottis. When in other respects the disease makes equal progress, the difficulty of respiration becomes alarming in proportion as the membrane is very thick and abundant. The cough, if any, and the voice, when not stifled, partake of the characteristic sound of the respiration. But the patient speaks as seldom as possible, and then only in a whisper; and is not often troubled with cough until some portion of the membrane has begun to separate. When this separation has somewhat advanced, the paroxysms of coughing become more and more frequent, and resemble in a marked degree the ordinary efforts to dislodge a foreign substance, rather than a common cough.

The pulse is not sensibly altered at first, but becomes more disturbed and frequent as the disease advances, and at last is very small, feeble and rapid. Where the disease is more constitutional than local, the pulse is more decidedly affected from the outset.

The appearance of membrane in the throat, or on the tonsils, is only an indication that membranous disease exists in and involves these parts, but is no sure sign that it includes other places in the attack. Nor is the absence of membrane within sight sufficient evidence that the disease is not present, for it may have seized upon the parts below only. The tonsils and throat are often, in

other diseases, covered with plastic or fibrinous products, which on a hasty glance may be mistaken for membrane, but which in reality consist of other and variously developed materials, and must be regarded as essentially different from the croupous. These plastic, non-croupous exudations readily condense into shreddy sheets on the application of caustics or acids, and, brought up upon a probang, have been the source of many a wrong diagnosis. The tongue is often, but not uniformly, furred in membranous disease. There is generally no appearance of inflammation of the throat in uncomplicated cases. If there be tenderness about the neck, it is usually slight. Pain is not often complained of; nor is swelling an ordinary symptom. The cervical and other glands are seldom affected. The appetite often continues, and deglutition is comparatively easy. Sometimes the patient appears exceedingly tranquil and conscious, though laboring to exhaustion for breath; at other times he is restless, frequently changing his place and position. The whole surface of the body is often drenched in perspiration. Coma sometimes supervenes. Suffocation, often so imminent toward the last, sometimes takes place very suddenly. More frequently, the patient dies exhausted, worn out by the exceeding difficulty and unremitting labor in breathing.

The disease has not the brevity nor rapid progress generally attributed to it—its earlier stages being overlooked or disregarded.

On the approach of nightfall, the symptoms become aggravated, or rather attract more attention through the surrounding stillness. The careful observer will have noticed, however, that the disease has not in reality abated during the day.

In the last named, as in almost every other respect, membranous disease differs essentially from that noisy breathing, or rather cough, so frequently attending catarrhal affections of the fauces and glottis, and which by its hoarse, or roup-like sounds, gave origin to the popular name of *croup*. This kind of "croup," as it is called (improperly, if the same term must be applied to membranous disease also), is only a harmless symptom of another disorder. Its noisy demonstrations and strangulating sensations are often exceedingly alarming to the inexperienced, but it derives most of its terror from being confounded with membranous disease, with which it has little or no affinity. The danger, more or less, to the sufferer is only that which the "cold" or catarrh would give rise to without this attending disturbance. Children are said to be *subject to it*, which expression ought to satisfy one of its innocuous character. It occurs mostly in the night, suddenly arousing the patient from sleep, and will soon pass off if left to its own course. It is generally, but without apparent reason, attributed to spasm of the glottis. The conjecture of palsy is more plausible. It is rather due to the catarrhal or other irritation, encroaching upon and stiffening the parts. The paroxysm is oftentimes brought on by the irritation being aggravated at the moment

by dryness from breathing through the partially open mouth—the nostrils having become obstructed by catarrhal secretions. If this “croupy” symptom need any special treatment at all, which is more than questionable, thin mucilaginous or aromatic liquids will prove sufficient. The usual practice of parents and physicians to attack it with great energy and “tumultuous rapidity” by emetics and other harsh agents, is entirely uncalled for, and may prolong into days what would of itself continue only a few hours—to say nothing of the unnecessary struggles and suffering of the patient. The only excuse for such violence is the fear that the complaint may “run into” the membranous disease—a thing which never happens. The sooner the two receive names as unlike as they are in nature, the better it will be for science and humanity. At any rate, the violent treatment should no longer be tolerated, for to no disorder are the words of Sydenham more applicable, that “it often happens that the character of the complaint varies with the nature of the remedies, and that symptoms may be referred less to the disease than to the doctor.”

Without a due recognition of its true nature and laws, membranous disease has hitherto been treated, for the most part, most distressfully—by bleeding, leeches, cupping, blisters, sinapisms, mercurial and drastic purgatives, by emetics, often of the harshest kind, and lastly by severe cauterizations. That recovery takes place in spite of such treatment only proves how much mortal flesh may endure, and how much less dangerous the case may be than apprehended. Fortunately, most of these agents are becoming practically unknown to the new generations of practitioners, though there is still far too much to be unlearned. One by one the agents alluded to have been gradually discarded by influential individuals as having nothing but their power of disturbing the constitution, and of weakening the already weakened body, to recommend them. Emetics, once considered the “divine remedy,” and last to be laid aside, are now only resorted to by those who practise upon the traditions of the elders. Emetics cannot arrest the disease; cannot dislodge the membrane until it has separated and is ready to be cast off by a natural process, nor even then without dangerous risks. They often throw the sufferer into a condition of lamentable debility. Their use should be avoided.*

For some years past the application of caustics has been the general fashion, and their indiscriminate use the rage even, with the more zealous and incautious believers in their efficacy. Whatever these agents may do for other diseases, in membranous disease they can be little else than an injury. Being generally thrust into the pharynx only, they do not reach the seat of danger. The commotion

* An old friend, and senior by quite a number of years, on reading the foregoing pages appended the following: “True description; my memory, my disturbed conscience so tell me. May I be forgiven for the calomel, the antimony, the ipecac, and the squills, I have given. I promise to afflict the innocents no more with them.”

necessarily attendant on their application, to say nothing of the local burn, greatly increases the risk of the patient. When they are applied by a competent hand, on an instrument small enough to enter the orifice,* and are actually forced within the verge of the glottis, the struggles and convulsions of the patient are violent and uncontrollable, so that dangerous accidents not infrequently happen, and even a fatal result may immediately follow the operation. Their use is deprecated by those whose great experience, and observation of their effects in this disease, entitle their opinion to high confidence. Our own observation, the private testimony of many practitioners, and the publications of numbers of others, including advocates of the treatment, furnish so little evidence of good results† from the use of caustics in membranous disease, while, on the other hand, the danger of evil and of even fatal consequences is so manifest, and the suffering so certain and unavoidable, that it would seem in the light of science rashness and folly, and in the eye of humanity unmitigated cruelty, to persist in their employment.

"I fear not to assert," says Trousseau, "because it is my entire conviction, that there would be vastly more success by tracheotomy if, as sometimes happens, children could reach the croupal suffocation entirely untouched by these kinds of treatment, which have no other result than to debilitate them." This is undoubtedly true. It is also true, and needs but the trial for any one to be convinced of it, that children would be vastly better able to endure the severities of membranous disease, and to pass through its most fearful stages to ultimate recovery, if they could be left undisturbed by such dangerous kinds of treatment as we have just spoken of.

What, then, is the best treatment? Certainly that which, from the outset, will best sustain the strength, soothe the suffering, and, if possible, diminish, or at least not increase, the labor or the number of respirations, nor add to the struggles of the patient. Mild and nutritious diet, including, if possible, such articles as the patient willingly accepts, is to be preferred to abstinence, cer-

* In children the length of the glottis (by frequent measurements) is from five sixteenths to three eighths of an inch; and its width, at the widest part, not over one eighth. Age, under 12 years, makes but little difference in the size of the glottis. In disease the dimensions of the orifice may be diminished by membrane, by inflammation, or by oedema, &c. The trachea is usually, at the period spoken of, less than half an inch in diameter. Yet, notwithstanding the position, size, diseased state of the parts, and other difficulties, reporters of cases speak of passing through the glottis and larynx into the trachea probangs charged with the strongest solutions of nitrate of silver, as though it were a thing of the greatest ease. We are even told of a sponge probang, of sufficient size to enlarge mechanically the calibre of the air-tube, having been, with revivifying results, passed repeatedly down the whole length of the trachea of a child then in a state of asphyxia, with purple face and lips, cold extremities, and clammy surface—and the profession coolly asked to believe it!

Post-mortem indications (as sometimes reported) of caustic having passed into the trachea are probably due, when really existing, to an overflow into the cleft of the glottis, open and stiffened by disease, from a saturated sponge compressed on entering the pharynx.

† The passing of the probang into the pharynx, by removing the accumulated mucus, occasionally seems to afford relief for the time being, but these appearances are very deceptive. The disease generally soon becomes more desperate in consequence of the interference. If by rare chance the already loosened membrane be ejected soon afterward, the probang gets the credit of it, most undeservedly.

tainly to a stimulating course. The inhalation of watery vapor, by an inhaler or other practicable expedient, is often, not always, very agreeable; and if it is not very effective, is at least without objection.* A warm fomentation, or better still a warm emollient poultice, covering the whole anterior half of the neck, is probably of service. But above all, anodynes, sufficient to subdue restlessness and ensure quietude, are the most important agents. The particular form is of little consequence. Dover's powder, or an equivalent syrup containing the strength of a grain of opium and a grain of ipecac to the ounce, is a very convenient form. The ipecac, however, is not important. Mucilaginous drinks are also generally acceptable. Such treatment, as old as the history of medicine, and incidentally mentioned with approbation by almost all writers, ancient and modern—such treatment, with that all-important care usually included in the phrase "good nursing," will increase the chances for a happy termination.

So much for general or medical treatment. As for tracheotomy, alternately advocated and decried in times past, and to which attention has of late been again directed, and which, Trousseau its present great advocate says, does not cure but only hinders from dying, it is difficult to speak as one would, without danger of misapprehension. The operator should certainly bear in mind that the disease is constitutional as well as local, and not merely an obstruction to respiration, that death often takes place even when the glottis and larynx are freely open, that the apparent revival on the first opening of the trachea is by no means a sure forerunner of resuscitation, that there are great and obvious reasons against any surgical operation during an acute disease, that the operation itself has its own peculiar dangers which are far from being trivial, that it is not safe in individual cases to reason on the reports of extraordinary restoration after hope, if not life itself, was extinguished;† and further, he should remember that instances are not very uncommon of spontaneous recovery in desperate cases, after all treatment had been abandoned, and an operation, offered as the only chance, had been refused by the parents; and, still further, that if "they order this matter better in France," a large portion of their reported success must be attributed to different forms of disease being included under one name, and to hospital attendance, appliances and after-treatment, rarely attainable in private practice.

It is time for the operation, if ever, when "the countenance becomes blue or extremely pale, when the inferior part of the sternum is enormously depressed during inspiration, when the

* The popularity of this practice in this vicinity, ten or fifteen years ago, was doubtless as much due to the good effect of abstaining from violent measures, as to any positive efficacy in the method itself.

† As for instance Berard's almost incredible case, where the heart did not beat until fifteen minutes, nor respiration return until fifty-seven minutes after the trachea was opened.—*Ann. Jour. Med. Sciences*, 2d Series, vol. iii.

vesicular murmur is totally absent in the lungs, when the pulse becomes frequent and small, when a sort of quietude succeeds to efforts of the most violent character, when, in fine, an indescribable expression of countenance gives unmistakable signs of approaching dissolution.”*

Tracheotomy having been decided upon and performed, the after treatment devised and recommended by Trousseau† and his confreres in Paris, and improved upon by Dr. George H. Gay‡ and other members of the Boston Society for Medical Improvement, should be followed, and adapted to the exigencies of each particular case.

The introduction of calomel, caustics, and other agents through the wound, though suggested and advised by some high authorities, needs further trial and proof to warrant acceptance.

In estimating the probability of recovery in any single case, there are many things to be considered. In infants, the disease, occupying perhaps only the posterior nares or the pharynx, may be of little moment. In children, the constitutional symptoms may be a greater source of danger than the membrane. The location of the membrane may endanger life by suffocation, although the extent of surface attacked may be very small. The amount of surface involved may be such as to destroy life even after the whole of the membrane has been spontaneously thrown off. Again, the membrane may be of such amount and in such position as to cause so great an obstruction to free respiration (though short of suffocation) that the excessive exertions in breathing, continuing through several days and nights without remission or the possibility of the least rest, may exhaust all the vital power. This is not an infrequent termination. The patient dies like an over-tasked animal, and there is reason for believing that a change takes place in the arteries, not unlike that when an animal is driven to death. As it is very difficult if not impossible to ascertain very accurately the actual condition and extent of the parts involved in the disease, a favorable prognosis must be assumed with greatest caution.

In conclusion, from personal experience, we should say that the chance for a favorable termination of a case of membranous disease occurring in childhood, is about one in three. If anything better than this is to be hoped for in the future, may it not be from a much less perturbing treatment than that which is now generally adopted, with perhaps an occasional resort, in an extreme case, to tracheotomy, with its improved after management?

* Trousseau, Rapport, Nov. 2, 1858, p. 25, l. 13, &c.

† A canula of a diameter superior to that of the glottis; a double-tubed canula; a neck-cloth, of good, thick materials, obliging the patient to inhale the air from around the jaws, and not a mere piece of muslin; a warm temperature, and a proper moisture of the air; cauterization of the lips of the wound; lastly, supporting the patient by food, &c.—TROUSSEAU, *op. cit.*, p. 53.

‡ See published Records and Papers of the Boston Society for Medical Improvement, 1858-9, in Boston Medical and Surgical Journal, Vol. LIX., pp. 413, 417, 509.

Such is a brief statement of some of the results of my own observations in a very large number of cases, during a period of nearly twenty-five years. In the course of these observations I have repeatedly seen the membrane covering only the posterior nares and pharynx in infants, and once in a pair of nursing twins, both at the same time. I have seen in older children the membrane beginning below the larynx, and extending into the most distant divisions of the bronchi. In one of such cases, the patient, aged six years, while sitting up in bed and talking confidently of going to school, suddenly fell back and expired; the top of the membrane, which was loosened throughout, having fallen in, and completely closed up the orifice. I have seen a child, at the age of five and a half years, die on the sixth day of the disease, with the membrane in the trachea and branches, and only the slightest film in the larynx—worn out by the labor of breathing, without the failure of a due supply of air, and without the usual signs of suffocation—being simply exhausted to death. Ten days afterward I saw the younger sister die on the third day of the disease, with only a thin film of membrane extending less than an inch below the larynx, without being an obstacle to the free admission of air. In this case, as in some others I have seen, the membrane resembled a thin coat of white paint, and could not be removed by dissection. In these last mentioned cases, the constitutional disturbance was intensely severe. I have seen several, who had thrown off all the membrane, to the amount of a wineglassful or more, sink away and die without any adequate cause that a post-mortem could reveal.

So stealthy is the approach of this disease, and so unlike preconceived notions its progress, that in nine tenths of all the cases that I have seen, or known of, the nature of the disease was not suspected by the parents or friends until announced by the medical attendant. I have seen a child, of six to seven years, playing in the melting snows of spring, within twelve hours of his death, the parents entirely unsuspecting dangerous disease (though the child had been unwell for several days), and indignantly repelling the physician who intimated that a fatal result was impending. While writing this sentence, I am attending a little boy, of six years, now convalescent, having ejected spontaneously a large amount of membrane eight days ago, in whose case the parents, very intelligent people, have not to this time suspected "croup," which they hold in great dread. In another case, where their fears had been aroused and their ears were still vibrating with the sounds pointed out to them in an older child then lying dead in the house, the parents thought they heard the fatal breathing and summoned me at once. It was early morning; I listened for more than half an hour at a time, and still could not be certain. Treatment, however, was commenced. Before forty-eight hours, the disease was sufficiently manifest, and went on its usual course.

The crisis was past with ejection of the membrane seven days after our first observation. The patient had not strength enough to rally, but sank exhausted on the fourteenth day.

I have seen four cases, with three recoveries, in the same family, at the same time. This family had lost a child of the same disease some years previously, in the country, yet did not recognize its recurrence as "croup," until it was told them.

I have performed tracheotomy, unsuccessfully, when the membrane was found not to extend below the larynx, and again where it involved all parts, even to the bronchi. I have seen recoveries under almost every variety of treatment. I have seen more than one recover in rooms filled with the steamy atmosphere of cooking stoves; while all so situated seemed to suffer less than others in drier apartments. I have seen several recover, where no remedial measures, real or pretended, were adopted; and still others, where only infinitesimals, equivalent to nothing, had been prescribed—even after abandonment, as hopeless, by the regular physician.

In all these cases, and in all others on which the foregoing remarks have been based, the peculiar membrane was obtained and examined. Those cases in which the membrane was thrown off or found, and therefore known to exist, should alone be received and allowed to influence any discussion on this disease.

After these opportunities of observation, and such an experience in the management of this disease, I cannot but express my conviction that if the mild, rational treatment, and principles of management above recommended, were generally adopted, the profession would be a good deal surprised at the favorable result of the experiment.

FRACTURE OF THE FIFTH CERVICAL VERTEBRA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send the following case for insertion in the JOURNAL, if you think it worth the trouble of preparing for the press.

Mr. Charles Tirrell, of this town, aged 53, healthy, weight about 160, fell from a load of hay July 26th, striking upon the back of his head, neck and shoulders. He was in the town of Minot, three miles from home, at the time. I saw him in about one hour. He was lying upon his back, on a bed, with his body completely paralyzed. He would not allow himself to be turned for the purpose of examining the spine, because, he said, it would hurt his neck, which was a little painful. His mind was clear and rational. Pulse 55. Body rather cold. Urine retained, and erections. Dr. Alonzo Garcelon, of Lewiston, was sent for, and an examination made, which disclosed a fracture of the fifth cervical vertebra,

either through the laminae or at the intervertebral notches. After a few days, he recovered an imperfect sense of feeling in his arms, and on the chest as low as the sixth ribs, and could move his arms a little. He remained in a calm, happy state of mind, conversed freely, made his will, would tell stories, and sometimes laugh heartily (but that, he said, hurt his neck), until a day or two before he died, which was on the morning of Aug. 22d—twenty-seven days after the injury. He retained his reason to the end of life.

CONDENSED RECORD.—*First week after Accident.* Pulse about 50. Body warm. Appetite good. Urine scanty. No dejection, except by enema. *Second and third weeks.* Pulse got up to 70. Tongue coating. Appetite failing. Dejections loose and frequent. Urine abundant and dribbling away, leaving a large quantity of bloody mucus in the bladder, which by the use of injections was drawn off with the catheter. Heavy, dark coat on tongue. *Fourth week.* Pulse about 80. Appetite gone; great emaciation; dejections frequent; urine dark, with sediment like coffee grounds; surface cold and hot alternately; at times has a sense of suffocation. Quite cheerful, but not inclined to talk much. Erections occurred almost every day, continuing several hours, and so perfect the day before he died, that the catheter was used with difficulty. The offensive odor of the dejections and urine, mentioned by writers upon injuries of the spine, was fully realized in this case.

J. H. BLAKE.

Auburn, Me., Sept. 1, 1859.

TYPHOID FEVER IN THE VALLEY OF THE MOHAWK.

BY J. KELLY, M.D., OF ESPERANCE, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING been extensively acquainted with many different localities in the United States, I feel better able to consider and elucidate some points relating to this region.

In passing south from the Mohawk, a part of this region is elevated, being situated on the sources of different rivers, as the Schoharie, Delaware and Susquehanna. These eminences have usually a prospect east, and from some of the high elevations this reaches as far as to the Green Mountains in Vermont and Massachusetts. This eastern exposure makes us liable to chilly, easterly winds, sweeping over the Hudson and coming to us charged with humidity. Our section of country is generally free from diseases caused by malaria, not being very liable to intermittent fevers. Typhoid fevers have, at different times, committed great ravages, and seem to have taken on, at various periods, peculiar characters and aggravations. They have not usually appeared immediately on the Mohawk with as much severity as at places a little more elevated.

We have accounts given by our older physicians of a fever prevailing in the early settlement of this region, which was extensive, and was called an "epidemic;" and, as described by a physician of this village, an eye witness, was often most rapid and fatal. The disease, according to the best information I can obtain, was very much like the epidemic fevers prevailing from 1813 to 1822, in Virginia and New England; but it was somewhat different in different localities—assuming various names, as "yellow fever," "spotted fever," or "pneumonia typhodes." I feel inclined to describe, more particularly, that form of fever that has prevailed, at various places, through our region of country, since 1845. I have attended numerous cases, in the fourteen years past, in five different towns in this vicinity.

Sometimes it would take the form of ship fever, with bloody and very frequent discharges from the bowels; sometimes it was more, sometimes less inflammatory, but generally was of a low, muttering form, with more or less loss of intelligence; or of the form of pneumonia typhodes, or essentially typhoid, with perfect yellowness of the skin, as in yellow fever, and severe vomiting.

In the most marked cases there was pain in the head, often only in the fore part; confusion of ideas; want of appetite, or loathing of food; pain in the back; haggard look, or sunken and dingy complexion; lassitude, restlessness, sometimes sleeplessness; a disposition to move from side to side; quick, rather weak, and not tense pulse; usually looseness of the bowels, or if this should not be the case at first, and any laxative, even in a small dose, should be given, it would be likely to operate largely; and after this, if a minute dose should be given, it might operate enormously. The tongue, if not at first, would, in the course of the disease, be dark, brown and dry, sometimes with deep creases across it, and often much enlarged. The surface had a rose-colored rash after a little time, and usually an unnatural heat at first, but sometimes rather a coolness, and in many cases a continual moisture; in other cases, profuse sweating from the very commencement. The faculties of mind in many cases are nearly gone, and the patient thinks himself out of bed, or under the bed, or in some other village. Some had continual nausea, pain in stomach or bowels, or, at least, tenderness; others complained only of pain in the limbs, uneasiness and weakness. Epistaxis was frequent. A few complained only of the limbs and back.

The duration of the disease varied from a few days to nine weeks; a few cases even longer. They have been long sick, been extremely emaciated, and yet been completely restored, and a few have become more healthy than they were before their sickness.

To illustrate the disease more clearly, I will give one case more in detail, though, as it continued nine weeks before recovery, it will be tedious to describe it from day to day.

Miss C. G., aged 40, a school-teacher, was engaged, in the sum-

mer of 1851, in teaching, not far from the Schoharie Creek. Near the school-house was a house where the disease had commenced, about the last of September. Between that and the school-house was a small pond of water. Being seized with the fever, she was removed to her father's, about three miles off. She lost her usual appetite and strength, and had continual nausea, which lasted mostly for five or six weeks, rejecting nearly all nourishment, except a little crust water with loaf sugar and cream, and now and then a little lemonade. Most of her pain was in the back of the head, and in the lumbar region. One side of her face and ear would be red, and the rest of her face and her lips pale. Her tongue had, most of the time, a light coat on it, and was usually moist. Her pulse was quick. She complained of great internal heat, and almost continual faintness. Although her surface appeared to others rather cool, this heat and faintness were so great that she felt the necessity of having the windows open, night and day, though it was in the early part of November. She had a constant tendency to looseness of the bowels, and yet by most thorough attention she recovered and became quite healthy.

The exhaustion and debility of these cases totally forbid the use of emetics. To illustrate this, I will mention two cases. Two ladies, in the same family, not far from my residence, became sick. They were comfortable, and appeared to talk quite reasonably. One of them observed, "she thought herself not sick, but only tired." An aged physician prescribed an emetic, soon after I had seen them; immediately after the operation of which, they became very delirious, and in a few days died.

The first medicine I found of use, unless there was diarrhœa, was four grains of calomel and five of rhubarb; and after the operation, a fifth or an eighth of a grain of opium, with two grains of super-tartrate of potash, every three or four hours. I used sup. carb. of soda, spts. nitre, and gum Arabic, united so as to be pleasant, and given with a suitable quantity of water, every two or three hours, by the teaspoonful. Instead of physic, I often ordered clysters. Bathing, friction of the surface, and every means to make the patient comfortable, should be used. Also, valerian, and serpentaria Virginia, or stimulants, in small quantities, are useful. In most of the cases I was successful without any stimulants at all. If the tongue is dry and brown, it is an evidence that the glandular secretions are imperfect; then minute doses of hydrargyrum cum creta, or something of the kind, is called for, from time to time. They will moisten the tongue, render material benefit to the powers of life, and brighten the faculties of the mind very sensibly. If the fever has progressed for a time, with dry tongue, and tympanitic bowels, the glandular secretions locked up, diarrhœa, tenderness in the right iliac region, all showing ulceration, from five to fifteen drops of turpentine may be given every three or four hours. In such cases I have also used, with happy effect, a sixth

of a grain of nitrate of silver, united with burned powdered rhu-barb, every six hours. These medicines act as tonics, as well as heal ulceration.

When the discharges from the bowels are frequent and bloody, enemata of a solution of nitrate of silver I have found very useful, used two or three times a day. Cases have come under my care where there is no great tendency to diarrhœa, but a tenderness of the bowels bordering on peritonitis, where blisters are useful, and also ground slippery elm and wheat-bran poultices may be of great use; and in such instances laxatives may be oftener required. If the tongue is red and glassy, with severe pain in the stomach, showing a high degree of inflammation in that organ, blisters will be useful applied to the epigastrium.

In conclusion, I observe, that my views may differ from those of others. I will simply say, that perhaps they have not seen the disease as I have. I find it described very nearly the same by Dr. A. Pratt, of the State of Michigan, as occurring there from 1853 to 1856. According to his account, given in the *Peninsular Journal*, of Detroit, many of the cases commenced and continued very nearly the same as here. Dr. Habersham, of London, describes the same characteristic symptoms in what he denominates "Typhoid disease of the intestines." The former author argues the point of there being lesion in the track of the bowels or in Peyer's glands. I have examined a case that showed a similar state of the duodenum, with enlarged mesenteric glands, and adhesions of the bowels to the left side. This patient had evidently labored under dyspeptic symptoms for a considerable time. He had dark-colored, sedimentous urine during his whole sickness; whereas, such a state of urine only exists usually in the first part of the fever. The latter author, Dr. Habersham, considers diseased glands, or ulceration, as usually a characteristic condition from the onset of the disease. He says, at the "commencement of the fever the glands appear to be swollen and enlarged, and the mucous membrane more vascular than usual."

If the actual ulceration exists only at Peyer's glands, the vascularity or subacute inflammatory action of the stomach and upper part of the small intestines render the process of digestion and assimilation imperfect, and this may have been so, in some instances, for a considerable time before the actual commencement of the fever, from improper diet or some other cause. Where there is ulceration, it appears evident, as Dr. Pratt observes, that "the lesion is the cause of the protracted stage of the fever." Passing through the various stages of inflammation, ulceration and healing must necessarily consume some considerable time. If such a state of the glands and intestines really prevails in this fever, and so much time is required to go through the process of healing and cure, then we should endeavor to use our best means "to preserve the patient, at the least expense of his constitution, up to

the time, when, by the natural laws of its action, the disease will spontaneously subside."

At the West, there are frequent causes of this disease, which are not perhaps looked for in other places. In some of their splendid villages, hot-beds of disease are to be found in those marshes where their cattle find pasturage, and these give bad milk, as well as impure, deadly poison to the air.

I have here traced the cause of the disease, in not a few instances, to foul, badly drained cellars, and to ponds. There is a locality in New Jersey, and also at Plaistow, in New Hampshire, where excavations were made to obtain material for making brick, leaving acres of land undrained, and continually covered with water. Around these, the typhoid fever has, at different periods, prevailed to an alarming extent. Like causes of the disease existed formerly in this village, which are now remedied, as they should be in other places. School-houses, seminaries and hospitals should not be located in the vicinity of stagnant water, which may bring disease and death to their inmates. In fact, any cause like this, that will bring on derangement of the organs of digestion and assimilation, should be guarded against, by every means possible, wherever it may be found.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 13th.—*Castration as a means of Cure for Satyriasis.* Dr. H. J. BIGELOW read the following letters, one from a physician in a neighboring State, requesting his opinion as to the propriety of castration in a case of erotic mania; and the other from Dr. BELL, containing his opinion as to the operation in this affection.

“Sept. 27th, 1856.

“Dr. H. J. BIGELOW,—You will confer a favor on me and my neighborhood if you will give me some information on the following case.

“There is a young man living near me who has been, I suppose it might be called, partially deranged for nearly a year past; his mind runs altogether upon having sexual intercourse with females, and he grows worse. His conversation and thoughts are on that subject. He will attack any female he sees, and keeps himself indecently exposed when females are present. He is now worse than he was three months ago. He was at the Insane Hospital at ——— about four months, but came home worse than he was when he went. Application has been made to me with regard to castration. What do you think of it? I shall wait anxiously for an answer from you, and hope to get one by return of mail. I am, &c.”

“P. S.—This young man is sane on other subjects, and will work on the farm some days: but most of the time he is wandering about, as he says, after the girls. At times he has violent fits of anger, and wants to kill every body he sees; but he remembers all about it after-

ward, and when talked to about it, says he will kill somebody if he can't get what he wants."

"Monument Square, Charlestown, 9th Oct. 1856.

"MY DEAR SIR,—I received your note per last post. I have often been consulted as to tying up the spermatic arteries, the vasa deferentia, and removal of the testes, in the forms of insanity connected with spermatorrhœa. I have known it done repeatedly. In one case, Dr. ——— castrated a clean gone onanist, who subsequently rallied, became an active 'man,' and the doctor told me that he never met him that he did not receive his blessing for the great favor he had conferred upon him. In another case of self-perpetrated castration, under a similar state of mind, with which I am acquainted, entire restoration to peace of mind and energy was produced.

"On the other hand, in all the lunatic hospital cases where I have known it done, no valuable results followed. At the Ohio Hospital, some years ago, it was tried on quite an extensive scale. No case of improvement followed. Indeed, Dr. Awl told me that in one patient, who previously was quiet and contented, a permanent and dangerous condition of irritability followed. He averred that 'they had done some d——d thing or other to him, so that things did n't work as they used to.'

"I knew the young woman you allude to, as Dr. ———'s patient. She eventually came to the McLean, and finished her wretchedness by suicide. I am satisfied that her disease was more cerebral than ovarial, and that nothing would have been gained by an operation of removing the ovaria.

"I confess that I should recoil from the kind of remedy suggested. I have found that heavy doses of opium, long continued, do control that nymphomaniacal disposition, dependent on no local irritation. And I should certainly desire to see this tried to its fullest extent before the other was decided on. A man so afflicted, ought, by every consideration of public safety, to be shut up in a lunatic hospital, and the laws are adequate to this end.

"I am, dear sir, very faithfully yours, L. V. BELL.
"Dr. Bigelow."

In the case of the young woman referred to in the above letter, Dr. Bigelow had been consulted, by a distinguished physician of Boston, about the propriety of removing the ovaries in a desperate case of nymphomania.

Dr. WARREN mentioned, in connection, the case of a young man, who performed castration on himself by first making an opening in the scrotum with a penknife, and then squeezing out the testicles. Immediately after the operation, the patient repaired to a restaurant and ate heartily of beefsteak, and subsequently attended a public meeting, and was in the act of making a speech, when he fainted. A surgeon was called, who, on examining the scrotum, found it greatly enlarged, and distended with blood. The coagula being removed, a vessel was tied, and he was removed to the Hospital.

Dr. Warren saw him on the following day. There was no farther hæmorrhage, and he recovered rapidly, without any bad symptom.

He quoted scripture in defence of his course, and did not regret it.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, SEPTEMBER 22, 1859.

THE LEGISLATURE OF MAINE AND THE STUDY OF ANATOMY.—The Legislature of the State of Maine has recently granted one half township of land, "of average quality," to the Maine Medical School, to be applied "to the promotion of the sciences of anatomy and surgery," provided the institution "will receive and graduate all students who pass the required examinations, without reference to where such student may have studied previous (*sic*) to asking admission to said institution, or what mode of practice such student intends to pursue after receiving his diploma." The common sense of the Maine Legislature appears to be about on a level with its grammar. One would think the medical profession was composed of men of sufficient intelligence and character to be able to decide for themselves as to the best method of educating students, and what precautions are best calculated to prevent a horde of quacks from being let loose upon society to swell the throng that already fatten upon it: but the Legislature of Maine has thought otherwise, and has affixed an insulting condition to a grant in aid of an institution whose only object is to provide suitable medical men to supply the wants of the community. The precaution of the Maine Legislature is entirely superfluous. How can a Medical School refuse to admit a student because he has studied with this or that practitioner, or this or that institution? Or how can a School refuse to graduate a student who has faithfully attended lectures, and who has passed a creditable examination, because he intends to practise according to this or that system? It is far different in a Medical *Society*, whose members have a perfect right to exclude from fellowship those who practise quackery, or who avow their intention of so doing; but if an individual fulfils all the requirements of a School, there is no legal way of refusing to give him a diploma.

The absurdity and inconsistency of the Maine Legislature have already been exposed by us. There is no law in that State legalizing the study of practical anatomy, yet a surgeon ignorant of it may become liable for malpractice; and now the climax of contradiction is accomplished by the Resolve under consideration, which grants half a township of land toward the support of the sciences of anatomy and surgery! It is a crime to dissect; it is a crime not to know what can only be learned by dissection; the government grants support to a professorship of anatomy and surgery, and thus aids and abets the dissection of human bodies, which by another law is a crime!

DISGRACEFUL ENCOUNTER BETWEEN TWO PHYSICIANS.—The profession has been insulted by a most disgraceful scene between two surgeons, at New Orleans. Dr. John D. Foster and Dr. Samuel Choppin, both attached to the Charity Hospital, got into a fight on the 27th of August, over a patient who applied to have the operation of tying the subclavian artery performed. After an interchange of injurious and profane language, they drew pistols and fired several shots at each other, whereby Dr. Choppin fell dangerously wounded in the neck and hip. They were about finishing the fight with knives, when they were separated, like dogs, by the by-standers. What became of the unfortunate patient, we are not inform-

ed, but we think he will be slow in trusting himself again in the hands of such murderous practitioners. Dr. Foster was arrested, but was subsequently released on bail in the sum of \$5000.

PUBLIC URINALS.—We have more than once insisted upon the importance of public urinals, as aids to public health and public morality, and as of the greatest public convenience. One would think, so great has been the opposition to them, that no one ever felt the want of such conveniences, and one is reminded of the witticism applied to a great anatomist by another who differed from him in some point concerning the physiology of defecation: *Ast credo Astruciam nunquam cecasse!* On Monday night, however, the Board of Aldermen passed an order providing for the erection of a number of these conveniences, in various parts of the city, for which they will doubtless receive the thanks of the community.

SUICIDES IN AUGUST.—The *New York Times* records twenty-seven instances of suicide, which occurred in this country during the past month. Eight of these were by poison, seven by shooting, six by drowning, three by hanging, and others by cutting the throat. There were numerous instances of unsuccessful attempts at self-destruction.

HEALTH OF THE CITY.—We are happy to see a decided diminution in the number of deaths from cholera infantum, only 11 having been recorded last week. The various items of mortality are rather at variance with their usual number; thus we have 10 deaths from dropsy in the head, 5 from inflammation of the bowels, 7 from casualties, 4 from scarlatina, 6 from dysentery, and only 8 from consumption. Of the three smallpox patients, 1 was an adult, and two were children under 5 years. Of the whole number of deaths (93), 45 were of children under 5 years. The number of deaths for the corresponding week of 1858, was 83, of which 18 were from cholera infantum, 14 from consumption, 3 from scarlatina, 3 from dropsy in the head, and 5 from casualties.

SANITARY CONDITION OF CHARLESTON, S. C.—Our city has enjoyed such a season of perfect and uninterrupted health this summer, as, within the recollection of our oldest practitioners, has no parallel. Not only have we been spared any epidemic visitation, but not even a single case of yellow fever has been brought into our harbor. Moreover, the mortality from all causes has been unprecedentedly low, and as the summer is now far advanced, and our city in a tolerably satisfactory condition, as regards all the supposed agents or adjuvants of pestilential disease, we may reasonably hope, with the blessing of God, to preserve this happy condition.—*Charleston Med. Jour. & Rev.*

HEALTH OF SAVANNAH.—It will be seen by the tables of mortality published in our Journal for the past four months, that our city has been blessed with excellent health. Indeed it has been remarked by all of our physicians, that our city has rarely ever been so exempt from fevers of every description. What few fevers we have had were of the intermittent and remittent types. July was even more healthy than the previous four months.—*Savannah (Geo.) Jour. of Med.*

HEALTH OF ST. JOSEPH, MO.—The Journal of Medicine published at this place observes: "The prevailing diseases this summer have been typhoid, solar remittent, bilious remittent, and intermittent fevers. There has been a good deal of bowel complaint, both among children and adults, but no well marked case of cholera has occurred."

DIED.—On the 16th of July, at the Hot Springs, Va., Dr. James P. Scriven.

Deaths in Boston for the week ending Saturday noon, Sept. 17th, 93. Males, 44—Females, 49.—Accident, 3—Inflammation of the bowels, 5—Inflammation of the brain, 1—burns, 2—cancer, 2—consumption, 8—cholera infantum, 11—croup, 2—dysentery, 6—diarrhoea, 2—dropsy, 2—dropsy in the head, 10—debility, 1—puerperal disease, 1—erysipelas, 1—scarlet fever, 4—typhoid fever, 2—gravel, 1—homicide, 1—disease of the heart, 3—intussusception, 1—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—old age, 1—premature birth, 1—purpura, 1—disease of the spine, 1—smallpox, 3—suicide, 1—teething, 3—tetanus, 1—thrush, 2—unknown, 4—whooping cough, 3.

Under 5 years, 45—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 7—above 60 years, 19. Born in the United States, 61—Ireland, 26—other places, 3.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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NO. 9.

CALIFORNIA OBSTETRICS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I herewith offer you a few reflections upon the subject of California Obstetrics, together with the report of a case of complete perinæal laceration, and recto-vaginal fistula, which, if you feel inclined, you can use in your JOURNAL. From an obstetric experience in this city, which has afforded a very good opportunity for observation, I am inclined to the opinion that the climate of California exerts a most benign influence upon the whole process of utero-gestation. I mean, of course, the influence of the climate upon the general fecundity of females, in promoting the ease and security with which the period of pregnancy is borne, and in the shortening and amelioration of the period and perils of parturition.

The fecundity of females under the influence of our climate, and the peculiar moral circumstances which have attended the immigration and domestic life of our people, are, and have been, subjects of great interest, speculation and difference of views. I am not disposed, however, to believe in any very great difference between this and any other country of the same climatic temperature, except to the extent to which these results have been brought about through the operation of peculiar moral causes.

If we apply the rule that, "taking one marriage with another, not more than four children are the result; and in towns only thirty-five children to ten marriages," we will find a very large margin of increase to be explained in California upon the ground of climate and moral influences. For although our population and observations have not afforded us the data of a complete generation, or an ordinary proportion of females, from which to form a conclusion, yet enough has been seen, in a period of six or eight years, to satisfy any one of the extraordinary fecundity of California females, when estimated by the foregoing rule.

With respect to the second proposition, that women pass more easily and securely through the period of gestation, I can present no demonstrable evidence of the fact, and yet, my own observation convinces me that there is a greater immunity from the general

ills and inconveniences of gestation in this city than in Brooklyn, N. Y., the only place in which I have had sufficient practice to enable me to institute a comparison.

The third proposition, in reference to the duration of labors, and their greater freedom from peril, is a much more important and interesting part of the subject. In this respect, I believe that the women of California incur less hazard than the mothers of almost any other country. As a partial evidence of this, permit me to submit the following 188 cases which I have most recently attended. In this number of cases, 99 were primiparæ. Of the children born, 93 were boys, and 95 girls. Of the whole number, but seven were stillborn, but three labors extended over a period of 24 hours, and there were not more than twelve which exceeded 12 hours. Of these cases, four were twin births, in two of which both children lived, and in the others one child was born alive in each case. In three of the twin labors the head of the child presented in the first born, and the feet or breech in the last delivered. In one case, the birth of each child was marked by a head presentation. In the 188 cases, 180 were head presentations, 1 shoulder, 4 breech, and 3 feet; in the latter 7, three of the children were born alive.

Turning was resorted to, in the shoulder presentation, with success to the mother and child. In the breech presentations the presenting part was brought down by the application of the blunt hook in two instances. In this whole number of cases, there was one of uterine laceration, the rent extending from the fundus to the cervix, and of course fatal. This case has been already reported in the "*California Medical Journal*." The only case in which the application of forceps became necessary, was in a China woman, who was represented as having been in labor for three days. An examination showed a slightly contracted inferior strait of the pelvis, a large foetal head, an atonic condition of the uterus, great physical prostration, with nervous excitability, and the child dead. The instruments were applied without difficulty, the child delivered in a few minutes, the placenta removed and a contraction of the womb effected. The woman had been lying all the time upon a mat, without even a straw bed, and in a cellar which was damp and cold. A cot was procured, and the place warmed by a small stove. For three days she seemed to do well, but would not take "American medicine," and against every remonstrance that could be made in Chinese, she would run round bare-footed on the floor, contracted a cold, and died of peritoneal inflammation.

In two of the cases, in which natural presentation of the head occurred, the mothers were seized with clonic convulsions. One case was relieved by bleeding, turning and delivering; and the other by bleeding, followed by the quick expulsion of the child by the unaided efforts of the uterus.

In one case, the parturient effort was imperilled by a placental presentation. Every precaution was taken for detaching and turning if necessary. The attachment, however, was so much confined to the left lateral half of the cervix uteri, that the violent pains, the quick dilatation of the womb, and rapid descent of the head, freed the case from any serious result.

In one case of protracted labor, in which the head presented, and the child was born dead, the existing cause was discovered to be an exostosis, situated near the left sacro-iliac juncture, and projecting forward so as to considerably narrow the lateral diameter of the superior strait of the pelvis.

In two cases there was partial placental retention, with hæmorrhage. These were easily relieved by the manual detachment of the afterbirth, and application of cold to the abdomen. These were the only cases in which the placenta was not delivered within ten minutes.

In one case, a large and troublesome thrombus occurred immediately after delivery. It was situated along the left lateral wall of the vagina, swelling up to the size of a goose-egg. The pain was agonizing, and the walls of the tumor were so thin as to give way in a few moments from its formation. A large evacuation of blood took place, and future hæmorrhage was prevented by the use of cold styptic injections. A good deal of inflammatory fever ensued, with fœtid discharges which continued for several weeks.

In the 188 cases no use was made of ergot except in eight subjects, the most of whom required it as a preventive of hæmorrhage.

In almost every case of primipara, an anodyne was given as soon as the preparatory pains commenced, and the membranes never ruptured until the os uteri was dilatable and well dilated.

In this connection, I desire to state that the fullest force was given to the maxim of unofficious midwifery, and that to the eminent powers of nature were given as large a measure of praise and credit as the stupid, ignorant and arrogant prejudices of human nature would sanction.

In conclusion, allow me to reiterate the conviction, that confinements in this State are attended with less delay, suffering and peril, than in an eastern city in which I enjoyed a fair field for observation.

Case of Perinæal Laceration.—Mrs. C., aged about 26, the mother of three children, a healthy and industrious woman of medium stature, nervo-bilious temperament. I attended her in her first confinement. The child's head was very large, and was a long time delayed in making the ischiatic and perinæal circuit. Every effort was made to prevent laceration, and with almost complete success. In her second confinement she was attended by a midwife, who rendered no assistance in the proper crisis of labor, and the child's head being large, a complete laceration took place, entirely dividing the perinæum and subcellular tissue, and extend-

ing more than half an inch up the rectum. From this time she was unable to retain the thin contents of the bowels, or gases, and in consequence led a life of such utter wretchedness as to make her constant in the wish for death as a relief.

Two years afterward, I attended her in a third confinement, when the history of her affliction was communicated. As soon after her confinement as her health and strength permitted, her system was prepared for an operation, which was performed at 12, M., on the 16th day of August, 1858. The plan of operation was in strict conformity with that prescribed by Brown, in his work on the "Surgical Diseases of Women." Dr. F. W. Hatch assisted me in the operation. The patient was placed in the position adopted in lithotomy. Chloroform and ether having been administered, I made an incision through the mucous membrane and subcellular tissue of the vagina, about an inch and a half internally, from within outward, on the left lateral wall of the vagina; and from the outside extremity of this, at right angles, I extended an incision down to a point parallel with the anus, and thence across to the anal opening. I dissected off the mucous coat and areolar tissue, this width, down the left wall, across the floor, and up the right wall of the vagina, to a point corresponding to the beginning on the left side. I encountered no difficulty, except from a momentary arterial jet.

In applying the first stitch, I could not carry it through the whole space, as recommended by Dr. Brown, and therefore transfixed one half the distance, and afterward entered the needle again in the centre and thus completely embraced the denuded space, without any part of the thread remaining in sight. The other two threads were used as Brown describes; the sphincter was divided laterally on each side, the parts were brought together, and the ligatures were fastened over pieces of elastic catheter. I took two superficial stitches, placed the thighs together, laid her upon the right side, and gave her one drachm of camphorated tincture of opium.

At 5 o'clock, I used the catheter, to relieve uneasiness of the bladder, and remained with the patient all night, using the catheter every four hours. At 1 o'clock, A.M., 17th, gave her a quarter grain of acetate of morphia.

She had a constitutional tendency to nausea after anodynes, which was best relieved by the free use of lemon-juice. At 6, A.M., pulse 80; considerable sero-sanguineous discharge per vaginam; parts carefully washed after using the catheter. Rheumatic pains in the knees obliged the occasional change of position. At 6, A.M., 18th, turned her from right to left side on account of this pain. At 5, P.M., drew off the water, and every five hours thereafter. Complaints of intense pain in the left thigh; is very restless; pulse 136, very low; pain over region of bladder; urine mixed with brownish mucus, presenting epithelia and oil globules.

The wound became somewhat cedematous. Ordered wine and warm cataplasms to abdomen. Morphia continued every four or five hours. 19th, is much better; pulse 100; urine clear; pain relieved; passes a great deal of wind per rectum; bladder relieved at same intervals; wine and anodyne continued. 20th, 8, A.M. Seems still better, but in the afternoon she became very restless in consequence of the urine being retained for seven hours (resulting from my absence from town), during which time she had several profound paroxysms of syncope. These symptoms all passed off as the bladder was relieved. Wine and broth were given very freely; removed the superficial stitches.

21st.—Commenced the use of catheter every six hours, and at 6, P.M., removed the deep lower ligature on account of the tendency to ulcerative irritation. Union looks excellent at this point.

22d.—Removed the next stitch above at 8, A.M.; and at 6, P.M., took away the last ligature. Patient has perfect command of sphincter muscle.

23d.—Bladder relieved every seven or eight hours. Ineffectual efforts made to pass urine voluntarily. 7, P.M., gave the last dose of morphia. Patient feels quite well. Have still to use the catheter. A careful examination of rectum and vagina shows a perfect union and complete success of operation. Ordered stimulating enemata.

24th.—Bowels and bladder relieved voluntarily and without the least injury or suffering.

On the 20th of the following month she started for the Atlantic States, from which she writes that she is perfectly well from a malady which made her life a source of daily dread and terror.

In concluding this report, I take much pleasure in acknowledging the great value of the work from which the idea of this operation was taken, and which is entitled "Surgical Diseases of Women," by Isaac Baker Brown, F.R.C.S. I know of no work on surgery that is more complete, simple and illustrative than this invaluable treatise.

With an apology for the prolixity of this communication,

I am truly yours,

PACIFIC.

Sacramento, Cal., Aug. 18, 1859.

CANNABIS INDICA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—If you think the following communication worthy a place in your valuable JOURNAL, it is at your service.

The narcotic effects of Cannabis have been long known to the people of the East, as we have been informed by those who have travelled there, also the wonderful effects it has upon those who use it for the purpose of intoxication. This probably led to its use as a medicine. Herodotus mentions the hemp plant, and states

that the Scythians who cultivated it made themselves garments of it. He also adds, that they threw the seeds on red-hot stones, and used the perfumed vapor thereby obtained, as a bath, which excited them to excess of exaltation. This is supposed to be produced by the intoxicating properties of its smoke.--(*Pereira on Cannabis Indica.*) Dr. Royle mentions that the hemp might have been used as the assuager of grief, of which Homer speaks. It is stated that it has long been known in India and many other countries, as an increaser of pleasure, the exciter of desire, the cementer of friendship, the causer of a reeling gait, the laughter-mover, and causing in those who use it familiarly as intoxicating spirits, a heavy, lazy state, reveries, and the supervention of sleep usually in a few hours.

Dr. Simpson says, the anodyne, ecstatic and anæsthetic effects of Indian hemp, and the various preparations made from it, have long been known in Africa and Asia. He states, that "Sir Joseph Banks says, it is always taken in Barbary, when it can be procured, by criminals condemned to suffer amputation, and it is said to enable those wretches to bear the rough operations of an unfeeling executioner, better than we Europeans can the keen knife of our most skilful surgeons." M. Julien lately pointed out to the French Academy an old Chinese work, proving that 1500 years ago a preparation of hemp was employed medicinally in China, to annul the pain attendant upon cauterization and surgical operations. The wonderful power of endurance of the Hindu devotees appears to have been sometimes produced by the influence of this powerful drug. Some high Biblical commentators maintain that the gall and vinegar, or myrrhed wine, offered to our Saviour immediately before his crucifixion, was in all probability a preparation of hemp, and even speak of its earlier use.--(*Obstetric Works.*)

Pereira says the plant which grows in India, and has been described by some botanists under the name "*Cannabis Indica*," does not appear to possess any specific difference from the common hemp, and most other distinguished botanists have accordingly considered it identical with the *Cannabis Sativa* of Linnæus. He says he has carefully compared the *Cannabis Indica* that grows in the Chelsea Garden with the *Cannabis Sativa* in the Linnæan Collection, and cannot discover any essential distinction between them. The differences are evidently those of locality and cultivation, and cannot be considered as specific.

Dr. Dunglison says, the name of "Indian Hemp," so termed, has long been assigned in the United States to the *Apocynum Canabinum*, and this has given rise in Europe, and occasionally in this country, to confusion in regard to the two articles, which are very distinct in their natural and medical characters; and that the use of *Cannabis Indica* is unknown in western Europe, and it is questionable whether the hemp of that region or of this country be possessed of the same properties.

Dr. O'Shaughnessy states that the extraordinary symptoms produced by the oriental plant depend upon a resinous secretion with which it abounds, and which seems to be wholly absent in the European plant. This absence of the resinous secretion and consequent want of narcotic power is ascribed to difference of climate. Messrs. Smith, of Edinburgh, satisfied themselves that the resin contained in itself the whole properties of the plant. Mr. Donovan made numerous experiments with hemp cultivated by himself, and was satisfied that the domestic hemp is destitute of the principle which renders the Indian plant so desirable to the voluptuous people of the East. To the impurity of the hemp, or the want of resin in the extract sold for Indian hemp, may be attributed, in part, the diversity of opinion as to its operation and benefit in disease. An English author remarks that very little, if any, genuine hemp can be found in Europe. Cannot we say the same of our own country?

It appears that the cannabis has long been used, in various forms, as an intoxicating drug in many countries, and also as a remedy in many diseases. But it was reserved for Dr. O'Shaughnessy, in his various experiments upon himself and upon animals, to call the attention of the medical world to its more scientific use, and its adaptation to disease. He observes that the general effects on man were, usually, alleviation of pain, remarkable augmentation of the appetite, aphrodisia, and great mental cheerfulness. He was thus led to make use of it in many diseases, but more particularly in spasmodic affections. In tetanus, he directs three grains of the extract to be dissolved in one ounce of proof spirits, one drachm of which is to be given every half hour, until the patient be brought under its influence. For its beneficial effect upon this direful disease, he refers to fourteen cases, nine of which recovered.

Professor Miller, of Edinburgh, says, "my own experience speaks loudly in favor of the hemp in tetanus." He believes it valueless as an anodyne, as well as hypnotic, in ordinary circumstances, but thinks its virtues consist in a power of controlling inordinate muscular spasm. Dr. Duncan says he used the hemp in 1846, in the Royal Infirmary in Edinburgh, as a calmate and hypnotic. The object was in general attained, and no evil results followed. Hemp was given in other wards of the infirmary for a like purpose, and with like results. Mr. Donnovan was convinced of the beneficial effects of hemp, particularly in neuralgia, in his own case, as well as in that of others. Dr. Christison has administered hemp in many instances, and has observed that it produces sleep, and that its power over uterine contraction is very marked and powerful in many instances. Dr. Simpson stated that he had been induced to try hemp, in consequence of Dr. Churchill stating that it possessed powers similar to those of ergot of rye in arresting hæmorrhage from the uterus. In the few cases of labor in which he tried it, parturient action seemed to be very

marked and distinctly increased. Dr. Gregor gave the hemp in sixteen cases of labor, in seven of which it succeeded well. Dr. West says the hemp is extremely serviceable in controlling neuralgic pain, and recommends it, combined with camphor, in dysmenorrhœa and in flexions of the uterus, when there is excessive menstruation, in connection with pain. Its power in checking uterine hæmorrhage is favorably spoken of by many, and in some cases in which it would not do to give the ergot of rye.

On referring to authors, which I have taken the liberty to do, it appears that the hemp has been given in most diseases which arise from inordinate nervous action; and many, from experiments on themselves, on patients, and on animals, speak highly of its beneficial effects in the alleviation and cure of other diseases. Yet it requires further investigation to bring out its true properties, and its application to disease. I have used the Indian hemp for some time and in many diseases, especially in those connected with the womb, in neuralgic dysmenorrhœa, in menorrhagia, in cessation of menstruation where the red discharge alternates with uterine leucorrhœa of long continuance, in repeated attacks of uterine hæmorrhage, in all cases of nervous excitability, and in tedious labor, where there is restlessness of the patient, with ineffectual propulsive action of the uterus.

Dr. Meigs says, puerperal convulsion is a convulsion affecting a woman advanced in pregnancy or in labor. Dr. Churchill remarks, convulsions may attack pregnant women during any period of gestation, and after delivery. Dr. Braun, in his work on "*Uræmic Eclampsia*," says convulsions occur in every period of pregnancy as well as at other times. Authors generally attribute puerperal convulsions to some irritation caused by the uterus, coming on during gestation or after delivery. From these statements I was led to the use of hemp in puerperal convulsions, having also seen its beneficial effects in convulsions in general, after all the common remedies had been tried without relief. I made use of it in chorea, more particularly in that form connected with hysteria, or partaking of the character of both; in delirium tremens, both in the period of excitement and after the delirium subsides, and where long-continued watchfulness and great mental excitement continue; in mania, where there is watchfulness and excitement; in shaking palsy; in whooping cough, and all coughs of a spasmodic character. In phthisis, and other lung diseases, it may be given, especially where opium has ceased to procure sleep.

In the following letter will be found an example of its effects in a case of mania succeeding uterine hæmorrhage.

North New Salem, June 18, 1858.

DEAR SIR,—I regret that in consequence of sickness I have not been able to answer your letter before. As respects the history of the case of Mrs. F., I find, by referring to my day book, that I

was first called to visit her on the 15th of July, 1852. She was then at Fryeville, in the north part of Athol. She was expecting to be confined, and was taken with profuse uterine hæmorrhage. Dr. Colony was called, and when I arrived he had succeeded in checking the hæmorrhage by cold applications. She appeared pale, was exhausted from loss of blood, and manifested a disposition to rest. I found, on examination, the os uteri dilated sufficiently to admit the little finger, and that the placenta presented. At this moment Dr. C. was called in haste to attend another woman, and under these circumstances I thought best to give stimulants, and let her rest, that her vital energies might revive. In about an hour, as near as I can recollect, I was informed that she had had a pain, followed by an alarming hæmorrhage. Finding there was no time to be lost, I introduced my hand past the placenta, into the uterus, seized the child by the feet, and delivered it. It was a female, of ordinary size, but dead. The afterbirth followed, and by the use of a swathe and compress, cold applications, rest, &c., the hæmorrhage ceased, and in a few hours I left her quite comfortable. I called on the 17th, found her doing well, and dismissed her.

I was again called, July 28th, and found her with headache, and nervous excitement, which I thought were caused by her having taken cold, and permitting her milk to dry up too soon. I gave her a cathartic and some powders of camphor, nitre and valerian. I heard no more from her till August 2d, when I was called to visit her in the night, and found her delirious, crying "fire," "murder," &c. From this time, to August 19th, I saw her every second or third day, and used the ordinary remedies in such cases, with little if any mitigation of her symptoms. August 20th, she was moved from Fryeville to her father's, in Orange. I then saw her almost every day till August 27th, when you were called in consultation.

You undoubtedly recollect the peculiar restless condition in which you and Dr. C. found her at that time. She had actually worn the flesh from her elbows and hips by the constant rubbing of them together. She had gnawed her finger nails, and the ends of her fingers, till they bled. She refused to take anything which she suspected was medicine, or from any one whom she thought was a doctor. Her bowels were torpid. Under these circumstances, the hemp which you prescribed had a wonderful effect in quieting the nervous system, and the dose was so small that we succeeded in getting it down in her food. The torpid condition of the liver and bowels was removed by small doses of podophyllin, administered daily in the same manner as the hemp. The hemp was given in doses sufficient to keep her quiet. Some days one dose was sufficient; other days it would be necessary to repeat the dose once or twice. Under the above treatment, she

gradually improved, till September 12th, when she was dismissed permanently cured.

Dr. Willis.

Yours truly,

ROBERT ANDREWS.

It is a safe conclusion, from the many facts which have been published, that Indian hemp deserves further trial; in all cases making sure that the preparation used is good.

Royalston, Sept. 10, 1859.

I. P. WILLIS.

Correspondence.

Lat. 52°, 7', N. }
Long. 24°, 32' W. }

On board Steamer "Glasgow," Mid-Atlantic,
September 3, 1859.

Messrs. Editors,—It is a question whether any lucubrations from a correspondent who is "half seas over," and a little more, will be admitted into the pages of a sober medical journal; yet in a *dry time*—in phraseology well known to editors—even salt water may freshen the field.

It is proverbially difficult to collect one's thoughts upon any subject, and concentrate them into written terms, at sea; and the continual tremulous throbbing communicated to the vessel by the propelling screw, in conjunction with that playful yet easy roll which she takes, ever and anon, in the calm sea, tends to make the characters I am endeavoring to trace, as erratic and disjointed as the attempts at meditation to which allusion has been made. If we only had again the spanking breeze "on the quarter" which we enjoyed last night, the good ship would be steady as a river-boat—almost.

In observing the different phases of sea-life, as exhibited on board the ocean-steamers and sailing packets, I have often been much interested. The requirements of hygiene are never more fully demanded, nor—too frequently—are they ever more thoroughly set at defiance. It is a pleasant thing to be able to say of the ship from whose cabin I indite this floating epistle, that the most thorough attention is paid to the ventilation, not only of the state-rooms of the first-class passengers, but of the steerage accommodations. I have visited the latter, and find them perfectly clean and free from the nauseous odor and exhalations which too often render such quarters noisome and disgusting.

That frequently-mooted topic—*sea-sickness*—as you may imagine, has been forcibly obtruded upon my attention. In fact, a strong *personal* interest in it pervaded the first days of the voyage, and made me anxious, also, to discover, for others, some healing balm. As yet, no panacea blesses mankind in the case of *nausea marina*! The usual course—according to my observation—seems to have characterized the afflictive dispensation as experienced by our ship's company. That every "land-lubber's" stomach will be thoroughly "cleared out," on the first manifestation of vivaciousness in Old Ocean, is a dead certainty—with a few very remarkable exceptions—whatever remedies may be tried. The horizontal posture may allay the inevitable qualms for a time—but the crisis must come finally. Chloroform often succeeds, for a brief space, in triumphing over the deadly sick-

ness—but it is only a temporary relief, not a cure, as it was fondly hoped it would prove. I have given it a thorough trial during this voyage, upon myself and others, and the above is my verdict, in accordance, I find, with the opinion of the long-experienced and intelligent surgeon of the ship. Creosote, I have not used on this trip, but once found it serviceable—as other things are—temporarily. It has seemed to me that when once bile has been ejected from the stomach pretty thoroughly, the sickness is at an end, or nearly so. This is my own experience, and I find that others have arrived at the same conclusion. After this takes place, no time should be lost in repairing the frequently extreme exhaustion which exists, by food and stimuli. Before its occurrence, food will hardly remain on the stomach, although perhaps it is advisable to attempt its ingestion. The irritant power of the bile will keep up the nausea; and the sooner it is got rid of, the better. To recruit the sufferer—in addition to some *solid* aliment (broths, *avaunt*!), like beef-steak and cabin-bread, brandy and water, in moderate quantities at a time, usually works like a charm. After this, the “sea-legs” are very soon assumed, and the individual, who shortly before was—in his or her own estimation—at death’s door, or “almost discouraged” and resolved “never to go to sea again,” is ready for a voyage to China or Australia, fairly gambols about the decks, vies with the most veteran player at “shuffle board,” and is altogether “*ultra-marine*.”

As gastralgia and gastric irritation have so long occupied my pen, let a few solemn reflections upon gastronomy and gastric usage in general terminate this portion of my letter.

Whatever be the cause, the fact is undeniable, that far too much is eaten on board ship, both by those who are old sailors, and those who, recovered from sea-sickness, feel appetite returning with unwonted force. What necessity is there for five or six meals daily, where exercise of every kind is so restricted? The fact that eating and drinking serve to while away a goodly portion of the time which hangs heavily upon the hands, will account for the monstrous devotion to gastronomy usually observed in our packets. In this ship, Scotch oat-meal porridge (or parritch, as it is broadly written) is served at 7½ o’clock in the morning, to all who wish for it. The custom is a good one, as the dish is one which tends to maintain that soluble condition of the bowels which is so great a *desideratum* at sea. Next, at 9 o’clock, comes a substantial breakfast—usually a very welcome and salutary meal. Dinner, at 3 o’clock, P.M., is very often spoiled by taking hearty lunch at noon. Tea is put on the table at 7 o’clock in the evening, and supper is provided at 9 o’clock. Too great variety at dinner—especially in the line of the dessert—and too hearty or too rich and heavy suppers, are the great mischief-making elements—gastro-nomically speaking—which beset the passengers of our well-appointed sea-going steamers and sailing vessels. If the *cuisine* is tempting, how few can always resist—how many constantly fall into excess in the use of food, or else into the habit of taking indigestible articles, which, if not immediately injurious, are very likely to be heard from in future, in the way of diarrhœa, dysentery, &c.,—a sort of compound interest on temporary indigestion and discomfort experienced at first. Instances confirmatory of this are fresh in my recollection, and if I mistake not, the foundations of such troubles are laid in several constitutions on our own good ship, this voyage. Children are thus

peculiarly exposed to harm, and the way in which they are allowed to deposit enormous masses of the most incongruous and improper edible material in their stomachs, is a terror to the medical beholder, and ought to be so to their parents. You will not wonder, after what I have said, and your own observation must have long since made the fact familiar to you, even if you have not been cognizant thereof *in propria persona*—that many who rejoice in Welsh rabbit (rare-bit?), ham, brown-stout XX, brandy and water, whiskey-punch, and pickles, between 9 and 10 o'clock in the evening, see their great-great-grandmother before morning, or else awake to find themselves struggling to push the deck of the ship upward, or their fellow-passenger's mattress (according to their position as to berth), in the firm and horrid belief that they are about being suffocated thereby!

It would be a great boon to those who travel by sea, if opportunity were afforded for taking an entire bath. In certain vessels, the requisite accommodations exist—they might easily be introduced in all large packets. On our own ship, the Captain has a bath-room, containing a tub and the apparatus for a shower-bath. The use of this room he kindly tendered me. In hot weather, particularly, this luxury would be truly appreciated, and there seems no reason why it should not be supplied. Opportunities for impromptu and wholly unforeseen baths, of a decidedly dashing description, are now and then afforded to promenaders of the decks, during what is pleasantly called "a stiff breeze." A fellow-passenger and myself received the benefit of this arrangement twice, last evening, while in company together on the quarter-deck, and were thoroughly drenched. My fellow-bather having braved the deck, to-day—there being a "heavy gale"—renewed his experience of the douche, and has since restricted himself to the cabin.

I observe a few instances of relapse into sea-sickness to-day, amongst those who have appeared entirely free from it for more than a week—but though the weather is atrocious and the sea very high and rough, the cases are not severe.

Although my letter was commenced when we were only a little past the middle of the Atlantic, our run has been so good for two or three days, that we are now off the Irish coast, expecting to see the light upon "Tory Island" to-night, and to anchor in the Clyde to-morrow. If anything which I may have an opportunity of observing on land, shall seem to me likely to interest the readers of the JOURNAL, I will not fail to communicate it: it can, at least, occupy the receptacle for "Rejected Communications," if not found current.

Yours very truly,

VIATOR.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 27th.—*Double Bellows Sound over the Aortal Valves.* Case reported by Dr. JACKSON.

The patient was a large, healthy-looking man, 28 years of age, and entered the Hospital recently under Dr. J.'s care; having been subject to rheumatism for the last twelve years, and to cardiac symptoms

for the last four. In the place of the second sound, the souffle was extensively heard, and across the middle of the sternum it was very strong; it was rather soft, much prolonged, and over where the aorta turns away from the sternum to form the arch, it diminished greatly and rather suddenly. This last fact Dr. J. had never before observed, and he thought it interesting in connection with the formation of the souffle in the aortal valves and its transmissibility along the sternum. The souffle that replaced the first sound was very much less strong than the other, but most marked where this last was the loudest.

JULY 11th. *Fracture of the Skull; Hernia Cerebri.*—Case reported by Dr. CABOT.

C. O. R., a little girl 3 years and 6 months of age, fell 25 feet, June 8th, at 5 o'clock, P.M., striking upon her head. Dr. C. saw her a few moments after her fall: found her insensible, bleeding from the nose, mouth and right ear; the lids of both eyes were largely ecchymosed, there was ecchymosis under the conjunctiva of the left eye, a large effusion over the whole right lateral region, apparently under the pericranium; a sharp ridge was felt above the right ear, supposed to be a fracture, the fracture with a sharp but limited depression communicating with small wounds of the scalp at and above the right eyebrow. Through these wounds blood was flowing, and occasionally, and particularly on pressure, cerebral substance escaped in small quantities. She vomited a large quantity of blood mixed with food, &c. Dr. C. laid open the scalp, over the fracture at the brow, by a crucial incision, removed almost the whole of that part of the os frontis which forms the upper margin of the orbit, together with several other loose pieces of bone, cut off the sharp points around the opening in the skull with cutting forceps, and brought part of the wound together by two stitches. He also advised cold to the head, a purgative of calomel and jalap, 5 grs. of each, stimulating applications to the feet and legs, and upon the appearance of re-action that cold should be applied to the head. While he was operating upon the head, she showed partial consciousness by putting up her hands, crying out, &c. Before 9 o'clock of that evening she rose up in bed and asked for the chamber-pot.

June 9th.—This morning she woke up and said she would go to walk with her father when she was well. The pulse was soft, irregular, and about 85 in the minute. She took 2 powders of calomel and jalap, 10 grs. each in all, and a tea-spoonful of castor oil containing a quarter of a drop of croton oil, which operated at about 3 this A.M. quite copiously, the discharges being dark and looking like blood. Subsequently she had another of the same character. Advised ice to the head, and the purgative to be continued, if necessary. The left side of the body is much less used than the other, though the power remains; the face is drawn somewhat to the right side when she cries or laughs, though there remains some power in the muscles of the left cheek. Skin pale and cool, mind clear, though she is somewhat drowsy.

June 10th.—There had been no dejection; the mind seems clear when aroused; she sleeps most of the time; there has not been any stertor at any time. Pulse fuller, but not over 100 beats; still irregular. Oil to be repeated.

June 11th.—Had 3 dejections yesterday of same dark blood-like ap-

pearance. In other respects she seems about the same as yesterday, except a slight flush and harder pulse.

June 12th.—Face flushed; pulse about 104, fuller and harder; slight wandering on waking. No defection. May take oil.

June 13th.—Had a natural looking discharge yesterday. Pulse about 90, and softer.

June 14th.—No defection yesterday. Pulse about 85, soft, still somewhat irregular; no delirium, face slightly flushed.

June 15th.—Cerebral substance was discovered protruding from the wound.

June 16th.—Protrusion increases.

June 19th.—More and more protrusion. No defection since 17th. Pulse 80, irregular. A compress of hollowed sponge and bandage was applied. May take oil.

June 20th.—Two defections yesterday P.M. Pulse 76; has been more tranquil since the application of the compress. The facial muscles appear to act about equally on the two sides. The hernia measures about 1 inch in its long diameter and $\frac{3}{4}$ of an inch in its short diameter, and projects about $\frac{1}{2}$ of an inch above the surface of the skin.

June 21st.—Pulse 100; skin cool; more restless. No defection since 19th. Mind clear, face slightly flushed; partial paralysis of left side of the body continues as from the first. May take oil.

June 23d.—Hernia appears less prominent. Pulse 106, small, regular. Mind clear as ever. Appetite very good, color natural; sensation of left side appears natural, though motion is imperfect. Large defection yesterday morning, none since. May have an enema, and, if necessary, oil.

June 26th.—Pulse 140. Patient more stupid. Two ounces of bloody fluid were let out from under the scalp in parietal region, which came out perfectly fluid and after a while separated into serum and coagulum, like blood just drawn from a vein, except the presence of a few oil globules and a very little pus. The spirit of nitrous ether and wine of ipecac were ordered in small doses.

June 27th.—Pulse 130; patient not so stupid as yesterday. Had 3 defections, one quite large. Hernia rather larger.

June 28th.—Pulse 140, irregular. Patient is weaker, being unable to turn herself; drowsy, and more pale. Fluctuation being perceptible in the hernia, a small opening was made in the thinnest part, which discharged half an ounce of thin watery pus. Left off compress.

June 29th.—Pulse 120, more regular. There was more restlessness and twitching. Has had no defection since 27th. A watery fluid weeps from the hernia. May take oil.

June 30th.—Had 7 defections yesterday, most of which had some substance, the last containing grape and strawberry seeds. Pulse 128. Restless. Pus discharging from under scalp.

July 1st.—Pulse 120. Tongue clean, rather red. Patient very restless. No defection. Considerable discharge of clear fluid from the hernia, which has caused an ulcerated opening in the upper lid, from which it discharges, as well as from the one made by Dr. C.

July 2d.—Pulse 40, feeble. There has been a good deal of the fluid from the hernia.

July 3d.—Pulse 110. One natural defection. Patient more feeble. Some of the fluid was obtained for analysis, of which the following is Dr. Bacon's report:—

"The supposed *cerebro-spinal fluid* from a patient of Dr. Cabot, does not present any chemical or microscopical characters by which it can be distinguished from other thin serous fluids. J. BACON."

July 4th.—Pulse 152, scarcely perceptible; extremities cold.

July 5th.—Had convulsion of the left side lasting for half an hour, clonic in character. Pulse 176, very feeble; right side affected with clonic spasms. Eye open, patient entirely unconscious; considerable coarse râle heard in breathing.

July 6th.—Had several attacks of convulsions during yesterday, both in the left and right side. Constant flow of fluid through openings of hernia, especially in that of the lid. Died about 6, P.M., just 4 weeks after the injury.

Sectio Cadaveris, by Dr. ELLIS, 14 $\frac{1}{4}$ hours after death.

In the right temporal region the periosteum was separated from the bone, which was of a dark green color.

A fracture, commencing in the suture just behind the right ear, extended forward to the lower and anterior angle of the parietal bone, thence across the lower part of the frontal bone to the opening above the orbit. From this opening, two other fractures extended in different directions; one through the orbital plate, across the posterior angle of the ethmoid plate, the lesser wing of the sphenoid and partly through the larger wing. The second fracture extended upward through the anterior half of the frontal bone.

The anterior part of the right hemisphere of the brain was covered with a thick layer of pus, both above and below the arachnoid. The part in contact with the opening adhered to the edges of the latter. A limited portion of the anterior part of the left hemisphere was also covered with pus.

The cortical substance on the right side was much darker than that on the left. Nearly the whole of the anterior half of the right hemisphere, with the exception of the corpus striatum, was much softened. The anterior part of the left hemisphere, where it lay in contact with the falx, was also softened.

With reference to this case, Dr. Cabot remarked that in connection with the signs of fracture of the base of the skull, it is interesting to observe that there was no deafness, no strabismus, no paralysis of any of the nerves of special sense; in short, no symptoms to be attributed especially to that injury, apart from the external appearance of blood in the lids, under one conjunctiva, and from the mouth, nose, and one ear; and none of the subsequent symptoms can be fairly attributed to the existence of that lesion. Nearly all appearance of that injury had disappeared before death; a very slight speck of ecchymosis alone remaining under the left conjunctiva.

The long continuance of the almost unimpaired condition of the nervous system, when the post mortem showed such serious changes to have been going on, reminded him of a case which he reported to the Society some years since, of a large hernia cerebri with extensive disorganization of one hemisphere of the brain, in which a still greater delay of severe symptoms existed.

Bibliographical Notices.

Alcohol; its Place and Power. By JAMES MILLER, Professor of Surgery in the University of Edinburgh, &c. From the Nineteenth Glasgow Edition. Philadelphia: Lindsay & Blakiston. 1859. 12mo. Pp. 179.

The Uses and Abuses of Tobacco. By JOHN LIZARS, late Professor of Surgery to the Royal College of Surgeons, Edinburgh. From the Eighth Edinburgh Edition. Philadelphia: Lindsay & Blakiston. 1859. 12mo. Pp. 138.

THESE two essays are intended for popular reading, in the hope that they may do good by calling attention to the deleterious effects of alcohol and tobacco when used to excess. We think they are calculated to do as much good as any essays on these subjects can do, and more than most appeals of the kind. We regard Mr. Miller's little book as much more likely to effect its purpose than Mr. Lizars's, because it is more truthful; no statements are made which cannot be substantiated. We fully agree with the author that tea and coffee are much better stimulants than alcohol, both in respect to the amount of work they enable a man to perform, and in the effect upon the system. We may remark, however, in passing, that we believe there is nothing which will favor the temperance cause in this country so much as the manufacture of cheap wine among us. Inebriation is a much rarer vice in vine-growing countries than in others, and we regard with great satisfaction the extension of the cultivation of the grape. We trust Mr. Miller's essay will have a wide circulation in this country, and prove of some avail in diminishing the melancholy evils of intemperance.

With regard to Mr. Lizars's book on tobacco, we could wish he had been more temperate in his abuse of it. We are fully aware of the evils which result from the excessive indulgence in the use of tobacco. We believe the great increase of the habit of smoking to be a matter of most serious concern. Its effects on the nervous and digestive systems, when carried to excess, are often highly injurious, and it is also apt to produce an apathetic condition of the mind which indisposes it to work. Still, even these effects are, in our opinion, exaggerated by Mr. Lizars, and we might appeal to the German nation as an example of the greatest smokers and the greatest thinkers in the world. But whatever his opinions, his position is only weakened by an appeal to false statements. What does Mr. Lizars mean by saying that "it is scarcely possible to cure either syphilis or gonorrhœa, if the patient continue to indulge in smoking tobacco"? or, "it is scarcely possible to heal a syphilitic sore, or to unite a fractured bone, in a devoted smoker"? Every surgeon knows that these statements are wholly untrue. Mr. Lizars takes it for granted that cancer of the lip is frequently caused by smoking. Now this opinion is shared by few, and since the question is still *sub judice*, he has no right to speak of it as if it were already decided. The evils from the excessive use of tobacco are numerous enough to enable us to dispense with false statements in our warnings against its indulgence.

The two volumes are very neatly printed and tastefully bound, and the publishers deserve the thanks of the public for presenting them in so attractive a form.

Dental Quackery. An Address before the American Dental Convention at Niagara Falls, August 5, 1859. By E. T. WILSON, M.D., of Boston.

THERE are as many quacks in the dental profession as any other, and they are exposed in an amusing and spicy manner by Dr. Wilson. We wish we could believe the horde of dental charlatans would diminish beneath the severe castigation he gives them; but it is a satisfaction to think that the regular profession will be strengthened and encouraged by his exposure of the mean and contemptible arts of the empiric, and by his earnest appeal to an honorable and conscientious mode of practice.

Report on the Smallpox in the City of Providence, from January to June, 1859. By EDWIN M. SNOW, M.D., Superintendent of Health. Providence: 1859. 8vo. Pp. 22.

AN epidemic of smallpox and varioloid occurred in the winter and spring of 1858, in Providence, R. I. The whole number of cases of variola and varioloid was 73; 21 being of the former affection, and 52 of the latter. Of the cases of smallpox, 8 were confluent, of which 4 died; none of the cases of distinct smallpox and varioloid were fatal.

In addition to the precautions which had previously been adopted to guard against the introduction of variola, by free public vaccination, the most strenuous exertions were made by the Superintendent of Health, on the appearance of the first case in January, to prevent the spread of the disease. Every effort was made to encourage vaccination, and means were taken to isolate, so far as possible, the sick from the well, and such success followed these precautions that the epidemic was arrested on the 15th of June.

The description of the epidemic, by Dr. Snow, and of the means employed to arrest it, with some remarks on vaccination and re-vaccination, form the subject of the pamphlet before us, which will be found of much interest and value.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 29, 1859.

DR. COTTING'S PAPER ON DIPHTHERITIS.—The article on diphtheritis, which was printed in our last number, was doubtless read with interest, even by many who are disposed to differ from the author on some points. Without adopting the opinions of Dr. COTTING to their full extent, we regard his paper as eminently philosophical, and one which will have a favorable influence on the management of croup. We regret that its title is one which may mislead the reader, and tend to confuse still farther the nomenclature of membranous disease of the air passages. Diphtheritis, although signifying a disease characterized by a *thick membrane*, is so exclusively applied, at the present time, to one which produces a *thin* one, that it seems too late to attempt to alter the existing nomenclature. Almost every one now means, by diphtheritis, an epidemic disease, characterized by great and rapid depression, and by the exudation of a thin, soft, pultaceous substance upon the

mucous membrane of the pharynx, larynx and trachea, and rarely of sufficient thickness to produce any apparent obstruction to the passage of air. The symptoms are those of poisoning by a septic poison, which appears to kill by its prostrating influence upon the vital powers, rather than by its local effects. This was certainly the case in a few cases which we saw last year, through the kindness of Dr. C. G. PAGE, in one of which the post-mortem examination revealed the presence of a soft, almost semi-fluid exudation on the mucous membrane of the larynx and trachea, which could easily be scraped off with the finger-nail, and which could not have caused any difficulty in respiration, which symptom, moreover, was entirely wanting during life. The peculiarity of this exudation, the rapid depression of the vital powers, the epidemic character of the disease, its prevalence in damp, ill-ventilated and filthy localities, and among an ill-nourished and squalid class of population, sufficiently distinguish it from true membranous croup.

Few, we apprehend, are prepared to adopt the extreme views of Dr. COTTING, in regard to the treatment of this disease. However much the treatment by active means has been abused in former times, the relief which in many cases unquestionably follows the operation of emetics, and the application of a strong solution of the nitrate of silver to the fauces and glottis, will probably prevent them from being wholly abandoned. There is one remedy which we are surprised to see not even alluded to by Dr. COTTING: we mean the administration of alkalis in such quantities as to neutralize that plastic tendency of the blood which causes it to secrete plastic lymph upon an inflamed mucous surface. This method is highly recommended by Bretonneau, and seems so reasonable, and is so easy of employment, that we consider it worth a trial, in all cases of pseudo-membranous disease of the throat, particularly since it need not interfere with any other treatment.

While perusing Dr. COTTING's paper, we are struck with the fact that there is no good distinction to be found in the books between the severer forms of laryngeal catarrh and true membranous croup, by which these affections can be discriminated in the early stages. Every practitioner must have seen cases of severe inflammation of the mucous membrane of the larynx in children, or, at any rate, of swelling of that membrane, causing cough, dyspnoea, loud, noisy, often hissing respiration, with considerable distress, which seemed only the incipient stage of the fatal membranous disease, but which ended favorably. Is this an inflammation which would have gone on to effusion of lymph, under unfavorable conditions, or which has been subdued by treatment? or is it a wholly distinct affection, never complicated with false membrane? If the latter, how can it be distinguished from the much dreaded disease, at an early period? We know of no one who could investigate this subject with more ability than Dr. COTTING, and we would venture to suggest it to him as one likely to prove both interesting and especially useful.

After the above was in type, the following note was received from a well-known physician, in a neighboring State, who has bestowed much attention upon the nature and treatment of diphtheritis:

MESSRS. EDITORS,—The article in the "Medical and Surgical Journal" of the 22d of September, on "Membranous Croup," by Dr. Cotting, of Roxbury, was extremely interesting and valuable. But has not Dr. C. made a serious mistake

in confounding membranous croup with diphtheritis or diphtheria? It seems to me that there is a distinctly marked difference in the causes, symptoms, and history of the two diseases, and that the application of the term diphtheritis to membranous croup, though it may be justified by the derivation of the word, is certain to produce confusion, and give rise to erroneous statistics of disease. I know of many physicians who find in their practice a marked difference between the two diseases, and who are watching with great interest the recent rise and progress of diphtheria in this country. Without entering upon any discussion of the subject, and with many thanks to Dr. Cotting for his valuable article, I wish to protest against the application of the term diphtheritis to membranous croup.

In this connection, I wish to inquire why the term "diphtheria" never appears among the causes of death as reported from week to week in Boston. It is well known, and has been stated in your Journal, that there have been cases of diphtheria, and deaths from it, in Boston, at intervals for a year past, and yet it has never appeared among the reported causes of death in this city. **

We would remark that our correspondent is mistaken in thinking that Dr. Cotting confounds membranous croup with diphtheritis: on the contrary, he insists upon their complete distinction, and regrets that Bretonneau should have applied the term diphtheritis, which really means a *skin-producing* disease, to the various kinds of angina, including that form which is now commonly called diphtheritis, or diphtheria. This confusion can hardly be remedied, at the present day, in our opinion, by employing the term again in its original signification.

AMERICAN PHARMACEUTICAL ASSOCIATION.—The eighth Annual Meeting of this Association commenced in this city on Tuesday, Sept. 13th, and was concluded on Friday. The attendance was large, and much interest was manifested. The amount of labor performed by those upon whom the chief duties devolved, was immense, and the results will be most advantageous both to the profession of pharmacy and that of medicine. We have no space to give any account of the proceedings, but we hope to notice the printed volume of the transactions in such a way as to give our readers some idea of the extensive and valuable results which have flowed from the Association, especially at this meeting. We cannot, however, forbear to allude to the Report on Adulterations, by Mr. Carney, and which we are glad to see printed, *in extenso*, in the *Traveller*. The amount of adulteration practised in the wholesale drug business, as there exposed, is truly enormous, and may well furnish food for reflection. We are glad to see that the Association has set itself in opposition to this fraudulent practice. By these efforts, if for nothing else, it merits the thanks and the support of the medical profession. If we are to prescribe one thing while our patients take another, it is not surprising that we find our best-directed efforts frequently fail of their intention, or that a spirit of scepticism should prevail in regard to the efficacy of drugs in the treatment of disease. We understand the efforts of the Association for the suppression of this noxious practice have hitherto been much hampered by their inability to obtain a charter of incorporation from Congress. Of course much opposition to this object will be made by large dealers who make enormous fortunes by this fraud, but we feel sure that when the intentions of the Association are well understood, and the amount and danger of the fraud practised by dealers upon the public is as well known as it ought to be, there will be no obstacle placed in the way of procuring an act of incorporation.

We had much pleasure in examining the numerous specimens

of drugs and preparations which were displayed by members of the Association. They were really beautiful, and we are sorry that they were not seen by all the physicians of Boston. Where all was so good, it is difficult to distinguish any as superior to the others. We must, however, say a word for the preparations of Dr. Edward B. Squibb, whose reputation as a pharmacist is too well known to need our encomium. We have found them of the most decided efficiency, so far as we have tried them, when compared with the common articles of the same name. The only drawback to their general employment is their high cost, but we can assure our brethren that they are not only well worth the difference in price, but when their effect is considered, they are the cheapest. Messrs. Powers & Weightman exhibited some beautiful specimens of morphia, sulphate of quinine, sulphate of iron, caustic potash, and other preparations. The excellence of every article manufactured by these gentlemen is well known and appreciated throughout the country. We also observed fine specimens of drugs and preparations from Mr. Carney, from Charles H. Atwood and from Henry Thayer & Co., all of this place. They are all extensively used here, and are highly appreciated. Messrs. Codman & Shurtleff exhibited some fine dental instruments, and there were many other articles, from different manufacturers, and all good.

On Thursday evening the Association partook of a bountiful repast by invitation of the Massachusetts College of Pharmacy, at the American House. The banquet was given in the new and beautiful dining hall of that establishment, and was most excellent. Many interesting speeches were made, and much humor and hilarity prevailed. We have never seen a more elegant compliment to a distinguished scientific body.

SYDENHAM SOCIETY.—We very much regret that the subscribers to the Sydenham Society, in this vicinity, will not probably receive the publications for the first year. Only a limited number of copies were printed, and the names from Boston came in so slowly that they were not received in time to partake of the distribution. The volumes are of unusual interest, consisting of Diday on Syphilis of Infants, Gooch on the Diseases of Women, the Memoirs on Diphtheria, Van der Kolk on Nervous Affections, and a fifth volume, not yet issued, which last may possibly be furnished. Those wishing to join the Society should do so at once, by sending their names, with *five dollars*, to Dr. SALTER, No. 1 Staniford Street, Boston. The second year's series will include Dr. Bright's Clinical Memoirs on Abdominal Tumors, A Year-Book of Medical Science for 1859, Frerich on the Liver, and other important works.

HEALTH OF THE CITY.—The mortality still continues to diminish, as is usual at this season of the year, the number of fatal cases of cholera infantum during the past week having been only 7. There were five deaths from smallpox, all of children under 12 years of age. Of the whole number of deaths, 41 were of children under 5 years of age. The total number of deaths for the corresponding week of 1858 was 80, of which 16 were from consumption, 14 from cholera infantum, 5 from dysentery, and none from typhoid fever and smallpox.

Communications Received.—Subcutaneous Injection, as a Cure for the Toothache of Pregnancy.

Deaths in Boston for the week ending Saturday noon, September 24th, 72. Males, 36—Females, 36.—Accident, 1— inflammation of the bowels, 1—congestion of the brain, 2—consumption, 12—convulsions, 1—cholera infantum, 7—croup, 2—dysentery, 1—diarrhoea, 1—dropsy, 1—dropsy in the heart, 3—drowned, 1—infantile diseases, 3—scarlet fever, 1—typhoid fever, 4—gangrene, 1—disease of the heart, 1—disease of the kidneys, 1— inflammation of the lungs, 3—disease of the liver, 1—marasmus, 2—measles, 1—old age, 1—palsy, 1—pleurisy, 1—premature birth, 2—smallpox, 5—teething, 3—thrush, 3—unknown, 2—whooping cough, 3.

Under 5 years, 41—between 5 and 20 years, 4—between 20 and 40 years, 7—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 57—Ireland, 13—other places, 2.

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SUBMUCOUS INJECTION AS A CURE FOR THE TOOTHACHE OF PREGNANCY.

BY HORATIO R. STORER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN a paper read before the Society for Medical Observation in February last,* it was suggested that in certain obstetric cases, otherwise incurable, permanent relief might be had by a modification of the simple and easy process of Alexander Wood. As the remarks referred to were but incidentally made, in connection with a case illustrative of criminal abortion, and as the proposal itself seems to have been new to the profession, it may be worth repeating in more distinct form, and at greater length.

"Pains in the teeth," says Montgomery, "are with some the invariable accompaniment of pregnancy."† "Their effects upon the comfort and well being of the patient are often very distressing."‡ "After all our endeavors, we shall find ourselves in many instances unsuccessful," "and if not relieved, abortion may result."§

Not to enumerate the long list of remedies that have hitherto been advised for the malady, it is only necessary to state that in certain obstinate cases they are all found unavailing, and that general practice and many writers have been in favor of proceeding to the extraction of a tooth; if which fail, some have been rash enough to counsel the deliberate induction of abortion. These acts, however, must be pronounced unjustifiable, both on moral and legal grounds, which I have elsewhere adverted to.||

The toothache of pregnancy, as such, is not dependent upon caries, and if for scientific reasons alone it should not be submitted to the usual treatment. Decay may undoubtedly exist, and in pregnancy caries of the teeth often does progress much more ra-

* American Journal of the Medical Sciences, April, 1859, p. 314; copied by Atlanta Medical and Surgical Journal, &c.

† Signs and Symptoms of Pregnancy, 2d edit., p. 233.

‡ Churchill, Diseases of Females, p. 338.

§ Ibid., pp. 339, 340; Campbell, Midwifery, p. 519; Capuron, Mal. des Femmes, p. 357.

|| North American Med.-Chir. Review, May, 1859, p. 459; July, 1859, p. 657.

pidly than at other times, but the affection we are now considering being purely sympathetic and reflex in its nature, dependent directly upon the uterine irritation, can seldom be relieved by the extraction of the tooth, whether this be sound or impaired.

Burns, Blundell and others acknowledge that extraction of a tooth during pregnancy may be immediately followed by abortion—a consequence that might readily be expected from so profound an impression upon a nerve just then in unnatural and excessive sympathy with the uterus; in much the same manner as abortion sometimes occurs in consequence of intentional excitation of the mammae, whose system of nerves is now allowed to be in intimate connection with the uterine. Be this as it may, however, from the fact of the occurrence and its risk—that abortion may ensue and frequently has ensued directly in consequence of the extraction of a tooth during pregnancy—we are compelled to assert that this very unscientific operation should always be avoided. To the argument that the pain, if unrelieved, might of itself occasion miscarriage, we should answer, even if we had no alternative to propose, that at times this neuralgic pain has suddenly and spontaneously ceased without interference, and that at others, however severely abortion may have threatened, it yet has not occurred.

But if the extraction of a tooth is to be reprehended in such cases, much more is the intentional extraction of the foetus. The growth and moral tone of society, and the best interests of the profession, have already suffered too much at the hands of rash and meddlesome practitioners, who have thus abetted, however unintentionally, the spread of criminal abortion. We are plain in our statement, but unhesitating, for we believe that in much of the treatment of the nervous complications of pregnancy, whether evidenced by vomiting, convulsions, mania or simply toothache, there is oftentimes on the part of the attendant a carelessness resulting in direct intra-uterine murder—and that by the influence of such example upon the moral sense of the community, the frequency of the intentional crime is increased. The remark we have now made applies with equal force to much also of the usual treatment of difficult childbirth—to recklessness, by what authorities and however defended, in the use of the crotchet, the plug and of ergot.

In considering the real character and cause of the toothache of pregnancy, it occurred to my mind that the operation which has of late been found so effectual in removing neuralgic pains from other portions of the body, would probably prove equally valuable when applied to the gums, and in practice I have found it perfectly successful for this purpose.

CASE.—A. Z., aged 22, applied to me for treatment early in May last. Patient had suffered for several weeks from severe neuralgic pain throughout the left half of the upper jaw, at times lancinating in its character, at others more dull, but never wholly

absent. The general health was decidedly affected, as evidenced by the state of the circulatory, digestive and nervous systems. The teeth, on inspection, were all sound; there was no heat or swelling of the gums, no tenderness or increase of pain on pressing them.

Anodynes, both local and general, refrigerants, emollient poultices and counter-irritants were successively resorted to, without benefit. After much solicitation, a tooth was extracted; the patient remained unrelieved. On the following day, no change for the better having occurred, ten drops of the Edinburgh solution of the bi-meconate of morphia were injected beneath the mucous membrane of the gum; the pain ceased instantaneously, and from that moment to the present, a period of nearly five months, there has been no return of the malady.

Should the operation prove insufficient entirely to arrest the pain, I should advise a direct attempt upon the organ causing the disturbance, by local applications to the cervix uteri. These do not seem to have been resorted to for this special purpose, but from the tincture of iodine we might expect the same benefit as in the vomiting of pregnancy; cases of which have lately been reported in this JOURNAL by Dr. Miller, of Dorchester, the treatment referred to not being original with himself. Too much caution, however, cannot be used in meddling with the uterus during pregnancy; the employment of the speculum, often enough to be condemned at other times, usually becomes here doubly unjustifiable.

I am not aware that any writer has hitherto proposed to prevent, by submucous injection, the extraction of teeth during pregnancy—and thereby to prevent abortion, resulting either from that operation or from the neuralgic pain; not even does the induction of mere local anæsthesia, by any of the numberless modes attempted, seem to have been thought of for this special purpose. Nor do I know that submucous injection had ever been made use of previously to the case I have related, for the cure of dental neuralgia. It was the opinion of a friend, Dr. Page, at the meeting of the Society to which the subject was originally presented, that upon this point I was in error; but the gentleman has subsequently informed me that the application in the cases to which he alluded, in the practice of a distinguished dentist, was of anodynes externally, to the surface of the gum. Apparently the only instances as yet recorded of the injection of opiates into the substance of the gum, are by a dentist of Edinburgh, Mr. Smith;* and the operation with him was for the purpose of producing temporary local anæsthesia during the extraction of teeth, not for the purpose of preventing their extraction by the cure of neuralgia.

By the copying of a large portion of my former paper into a

* Edinburgh Medical Journal, November, 1858, p. 424.

leading journal of American dentistry,* an unexpected opportunity has been given of impressing upon dentists the heavy responsibilities, hitherto generally unacknowledged by them, that attach to the extraction of teeth from pregnant women; and I cannot but hope that the views expressed may thus be made productive of decided and extensive good.

Blue Hill, Milton, September, 1859.

REMARKS ON INTERMITTENT FEVER, AND ITS TREATMENT,
WITH SUGGESTIONS IN REFERENCE TO THE USE
OF QUININE.

[Communicated for the Boston Medical and Surgical Journal.]

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,
NEW ORLEANS.

FOR many months, and to the present time, Sept. 22, 1859, of the various diseases brought into Wards 32 and 33 of the Charity Hospital, under my charge, intermittent fever has been the most frequent. While a few of these were of recent origin, presenting the ordinary well-known symptoms, the majority were variously complicated, resulting from the frequency and duration of the attack, or occasionally, as it appeared to me, from an injudicious course of treatment, not in all cases had recourse to, by the sick, on their own responsibility. Almost invariably the liver was found to be functionally deranged, and, *en passant*, it may be stated that observation has convinced me that of all the important organs of the body, the liver is the most frequently implicated in a great number of diseases, and exerts a most powerful influence in almost all. The spleen was often affected, to a greater or less extent, and dysentery or diarrhœa was not an unfrequent attendant. With few exceptions, the alimentary canal was in an unhealthy state, as evinced by nausea, or vomiting, a furred tongue, a bitter taste in the mouth, loss of appetite, headache, and constipation frequently.

Within the last fifteen years, it appears to me that intermittent fever has become more common among our resident population, than had been previously observed, although then, as now, the greater number come from other States. To my mind, sufficient evidence has been presented to induce the belief that the prominent cause of the frequent and often severe complications, as also the oft complained of difficulty of preventing the frequency of a relapse, may not unjustly be attributed to the unbounded faith reposed in the alleged specific curative power of quinine, to the almost total exclusion of a required preparatory treatment, or the conjoined aid of other remedies. As an anti-periodic, the claims of quinine are universally recognized, and acted on; by some it is regarded, even in small doses, as one of the best tonics, in which

* Dental Cosmos (new series of Dental News-Letter), August, 1859, p. 53.

opinion, judging from no limited experience at the bedside, I am not disposed, in all respects, to coincide.

Disclaiming the intention of disparaging, in any way, the real curative powers possessed by this valuable remedial agent, I am induced to believe that, as a general tonic, to invigorate the entire system, more especially in certain stages of many febrile diseases, it is not equal to the old infusion of the best red bark and Virginia snakeroot, quassia, gentian, &c., when well prepared. Satisfied of the intrinsic curative power of quinine, and also of the aforesaid infusion, both of which are in daily use in my wards, I cannot but regard them as possessed of different powers, if not modes of action, and that they are not equally applicable or beneficial, as remedial agents, in all cases, or at all times. Questioning all admitted into my wards with intermittent fever, as to the remedies previously employed, it was generally found that quinine had been almost exclusively relied on; and judging from the existing symptoms, the correctness of the above conclusion is submitted for practical consideration. Let it not, however, be inferred from such an opinion, that quinine, *per se*, is not fully appreciated, for of that I am certain; the fact, however, should not be overlooked, that, in common with all of our most active and valuable remedies, quinine is powerful for evil, no less than for good, and this, it is presumed, will not be questioned. In proof, however, of my estimation of quinine as a curative agent, reference to my recently published remarks on the Treatment of Yellow Fever, during the severe epidemic of 1858, will show, that while disapproving of the use of the once popular large dose of quinine, or any preparation of opium, at the very commencement of an attack of yellow fever, for the avowed object of cutting short the fever, and thereby arresting the progress of the disease, an idea—if I have correctly watched the different stages of yellow fever—vain and absolutely impracticable, the supposition was at the same time entertained, that at some stage of this fever, the use of quinine would eventually be advantageously resorted to, as a remedial agent, for the more successful management of some of the symptoms. This supposition became at last a fact, and at page 86 of those remarks the following language will be found. "To sum up the effects resulting from the step-by-step process of finding out and using this preparation—alluding to quinine, morphia and chlorine—in conjunction with the chlorate of potash and bicarbonate of soda recipe, let the following fact be stated, that, of the eleven patients last brought into my wards, one, in a hopeless condition, died, while the remaining ten were discharged cured." Such an occurrence, or anything approximating to it, certainly had not been observed during the preceding period of the epidemic, nor do I believe that, in hospital practice, similar success has ever been recorded. Indeed, in private practice, under the most favorable circumstances, equal effects are not always noticed. Satisfied that

this fact resulted exclusively from the introduction of quinine and morphia, &c., as fully laid down. I have no hesitation in remarking that, in the medical journals of New Orleans, it was deserving of notice, and would have obviated the remark made by one of the editors, that he had no doubt that quinine would in some way be a valuable adjunct to these remedies, but, to use his own words, "I will not direct it at present." Note, that this suggestion emanated from one who in past epidemics had strenuously insisted on the propriety and safety of large doses of quinine in the commencement of yellow fever, a practice which I opposed then, and I have thus far seen no reason to change my views. From this apparent digression, excusable from the importance of the subject, I resume that equally important one, the treatment of intermittent fever; but fearful of trespassing, at one time, too much on your pages, the conclusion will shortly follow for an ensuing number.

HYGIENIC TREATMENT OF GLUCOSURIA.

[Translated for the Boston Med. and Surg. Journal, from the *Union Médicale and Clinique Européenne*.]

It is well known that M. Bouchardat attaches great importance to hygienic treatment in diabetes. He wisely recommends that medicines should not be given until after a long and thorough perseverance in the course of alimentation, exercise, clothing, &c., which he prescribes. Although M. Bouchardat's advice in this respect forms the subject of several works which are probably known to all our readers, we have thought it of advantage to recapitulate the principal points, which we find in a paper recently published by him.

Alimentation.—The first rule to be observed in the alimentation of a patient with glucosuria, is abstinence from feculent substances, or at least, a considerable diminution in the quantity taken; which forms the basis of the treatment. The following list comprises the most common articles of this kind, which ought to be proscribed: common bread, made either of wheat, rye or barley, &c.; pastry; rice, Indian corn and other grains; radishes, potatoes, the feculæ made from them and from arrow-root, and other nutritious feculæ; the farinaceous pastes of all kinds, such as vermicelli, semoule, macaroni, &c.; the leguminous seeds, as beans, peas and lentils; chestnuts; buckwheat; preserves and other sweet substances and drinks. The exclusion of sweetened articles from the diet should be more rigorous and longer continued than than of feculent substances. The use of milk is unfavorable.

The substances which may be allowed are very numerous; I will enumerate the principal ones. Meat, of every description, may be recommended, either broiled, boiled, or roasted, or cooked in any other way, with such seasoning as may stimulate the appetite, provided that flour does not enter into the composition of

the dish. Liver and jelly should be avoided. Fresh and salt water fish offer an agreeable resource for the table of the diabetic patient. Other articles of animal food, such as oysters, muscles, snails, turtle, lobsters, shrimps, frogs, &c., may be eaten daily with much advantage. Eggs, under all the various forms which the culinary art has invented, are of great utility. I have said that milk was ill-suited to diabetic patients; but fresh, sweet cream is of great service to them. Cheese, of all kinds, may be advantageously prescribed.

The number of vegetables which may be allowed, is tolerably numerous, but it must be observed that fat substances (butter, oil, lard) must be more largely employed than common in their preparation, and that, in sauces, the yolks of eggs and cream should be substituted for flour, which is inadmissible. Under all circumstances, the vegetables should be well selected. Mushrooms and truffles are advantageous. We may occasionally allow, but always in very moderate quantities, the following fruits: apples, pears, cherries, raspberries, strawberries, pine-apples; but invariably without sugar, and only when the urine is free from sugar. I have found strawberries and peaches, among the fruits, to be most beneficial. I proscribe absolutely grapes.

Before speaking of nourishing drinks, there remains a question of great importance, that of a substitute for bread. The deprivation of bread and feculæ is keenly felt by patients, and unless some means is found of satisfying the desire for those articles, few will resist such an incessant temptation. During the seventeen years that I have employed bread made from gluten, it has maintained its character for usefulness, and has been a most convenient adjuvant in a great number of cases of glucosuria. There are some who expected to find in this bread the only remedy for this disease, but I have never had any such idea. I have simply endeavored to find a substitute for bread which should be free from its objectionable qualities, and I think I have attained this end. Some diabetic patients easily bear the abstinence from bread and feculæ, and for them the bread from gluten is useless, but the number of these is very small. For such patients, some sort of pastry, once or twice in the twenty-four hours, may supply the place of bread. Others, in whom the disease is not severe, find that simply by diminishing the amount of feculæ taken, or by taking a course of alkaline medicines, or by vigorous exercise, the urine returns to a normal state; these also do not require the bread from gluten. But these cases are by far the least grave, and the least common.

Drinks.—Wine plays an important part in the treatment of glucosuria, and I am firmly convinced that I have rendered to my patients as good service by substituting alcoholic drinks in place of feculæ, as in demonstrating the necessity of abstinence from the latter, when they are not required by the economy. I prefer especially the red wines of Burgundy and Bordeaux; but all the red

wines which are astringent rather than acid or sweet, will answer. As to quantity, unless there be some counter-indication, I allow not less than two pints in twenty-four hours, which quantity may sometimes be advantageously increased for vigorous men who waste a good deal by labor or constant exercise. Beer is unfavorable, as is explained by the dextrine which it contains. I prohibit sweet liquors, though I willingly allow a small glass of rum, brandy or kirsh, with the principal meal. Coffee is favorable to almost all patients with glucosuria. Unless counter-indicated, I prescribe at least one cup after the principal repast. It should be taken without sugar, but a little rum, brandy or cream may be added. Many patients take two or three cups daily. Wine-and-water makes the best *ptisan* in this disease, in my opinion. Sometimes it is well to take an infusion of hop, or other bitter. In all cases, I recommend to glucosuric patients to drink with great moderation. Pure Bordeaux wine, if they adhere to the regimen, best assuages their thirst. Drinks containing no alcohol, and lemonade, which patients demand with avidity, are very prejudicial. They are no better than pure water for quenching the thirst, and they partially neutralize the free alkali of the blood, which, as M. Chevreul has long since proved, interferes with the rapid destruction of the combustible alimentary material constantly introduced into the circulation by the digestive process. Hence I prohibit them absolutely. M. Mialhe has also justly insisted on the injurious effects of acids, in glucosuria. Diabetic patients should endeavor to drink moderately, each time. Large quantities of liquid taken suddenly might help to keep up the abnormal secretion of the stomach, which I have elsewhere alluded to. I also advise them to eat with moderation at each meal, for two reasons: first, that they may avoid indigestion, which is much more unfavorable to them than to other patients; and secondly, to favor the return of the stomach to its normal dimensions. For this object we may also try the employment of a moderately tight flannel bandage over the stomach.

Clothing.—I have shown that cold is pernicious to diabetic patients. Good flannel clothing is the best preservative against attacks of cold, and is of great service in this disease, by keeping up the functions of the skin, which it is so important to maintain in a state of activity. Hence I always prescribe flannel clothing from head to foot, of sufficient thickness to maintain a gentle moisture of the skin.

Exercise.—Patients who have for some time been affected with glucosuria, experience habitual lassitude, a feeling of weakness, sometimes accompanied by pain in the thighs, legs and joints, which is increased by the least exertion, or even motion. Hence it is difficult to make them take exercise; but as soon as their strength begins to return, in consequence of a suitable regimen, they ought to try to exercise. Walking, manual labor, or gymnastic exercise,

are of unquestionable utility. This exercise should be progressive; if undertaken too soon, it induces pain and fatigue, which are always injurious; if neglected, it retards the complete reëstablishment of the strength, and consequently the cure.

Sea-bathing and Hydrotherapy.—I have elsewhere said, speaking of cold baths, sea-bathing, and hydrotherapy, "River-bathing, when aided by the exercise of swimming, is useful, but the efficacy of sea-bathing, when it is well borne, is more constant, and greater. In order to effect diaphoresis, in difficult cases, I have sometimes employed hydrotherapy, but a constant supervision must be exercised over patients in the application of this method, which, if carelessly employed, might cause serious accidents; but which, wisely directed, and aided by a prudent regimen, has afforded me, and may afford others, excellent results."

Of course, the regimen should be discontinued gradually, and not until the sugar has disappeared from the urine. It is then advisable to increase the quality and quantity of combustible aliments. Good Normandy butter in sufficient quantity with each meal, and three or four tablespoonfuls of cod-liver oil, are aliments upon the employment of which I always insist, during the use of sea-bathing or of hydrotherapy. More caloric is expended, and in order that the resources of the economy should not be overtaxed, the supply, by means of a calorifying diet, must at least equal the loss. In fine, the indications and counter-indications of hydrotherapy and sea-bathing in glucosuria may thus be stated: When the sugar disappears in the urine, or diminishes, when the feculæ can be more largely assimilated, and when there is a daily gain of strength, hydrotherapy and sea-bathing constitute, with exercise, one of the most efficacious means to be employed in glucosuria. When, on the other hand, the sugar increases, and the strength diminishes under these influences, the system being unable to contend against them, these measures increase the difficulty by subtracting caloric from the system, which consequently fails. The remedy is therefore a new evil superadded to that which already existed.

VEGETATIONS OF THE GENITAL ORGANS—CHROMIC ACID.

[Translated from the *Gazette Hebdomadaire* for the Boston Med. and Surg. Journal.]

BY O. D. PALMER, M.D., ZELIENOPLE, PA.

CASE.—C., 23 years of age, of a good constitution, never having been diseased, became pregnant for the first time toward the end of October, 1856. About the same time she was taken with an abundant blennorrhagic discharge. Having arrived at the fourth month of gestation, she experienced a sense of heat and suffering in the genital organs. This painful sensation was produced by the presence of numerous prominences in the vagina, which

had replaced the very copious and extremely foetid purulent discharge. Careful cleanliness, injections, and baths, procured no ease. Two months passed, during which the disease was making rapid progress.

C. presented herself at the hospital, where she was admitted on the 30th of April, in the sixth month of her pregnancy. It was ascertained that over the labia majora and minora, the vaginal canal, and even the cervix uteri, was a growth of excrescences of considerable size, and in great number. The most voluminous, as large as the fist, projected outside of the vagina. Of these vegetations some were with pedicles, others were sessile; their tints were reddish, their appearance vascular. They were for the most part divided and subdivided, forming ramifications, which in their aspect offered some analogy to the corymb of the millifolium. In the vagina these excrescences had acquired such dimensions, such a development, as to fill all the cavity, and not to permit, without the greatest difficulty, the introduction of the speculum.

In searching for the cause of these vegetations, it was impossible to recognize for them a syphilitic origin. The woman had never had chancres. An attentive examination of the genital parts did not discover any ulceration. There existed no engorgement of the inguinal or sub-occipital glands, no squamous eruption.

In such a state of things we could not but foresee great difficulty at the time of accouchement. It was, then, very important to find means to destroy this obstacle. For this end, M. Rousset applied, first, crayons of nitrate of silver, then the nitric oxide of mercury. This last means, continued during twenty-five days, with much care, caused very smart pain. Like the preceding, it was not followed by any advantageous effects. Tincture of iodine had no good result.

On the 6th of July, after all these failures, Prof. Rousset had recourse to the use of *chromic acid*. He made application of a solution prepared as follows: R. Chromic acid, 1 part; aquæ distil., 3 parts. By the employment of a pencil, each excrescence was separately washed with this liquid, having care not to touch the mucous membrane that surrounded it. The patient experienced immediately, in the part touched by the solution, a sensation of smarting and pain, which was calmed again directly. Redness was manifested, a little swelling, in short a slight inflammation, which was terminated by the formation of pus. Some few washings with Goulard's water, and the use of dry lint, constituted the whole treatment. In proportion as suppuration was established, the excrescences were detached, disappearing, and leaving in their place a reddish surface, in some points excoriated, in others ulcerated, very superficially. The cicatrization was regular and uniformly established.

July 20th, the cure was complete; the cervix uteri, the labia majora and minora, and the vagina, were entirely freed from these

adventitious productions, and offered an aspect which was altogether normal.

On the 26th, accouchement took place without any accident. The child, of the masculine gender, was perfectly formed, and afforded no traces on its body that could cause the mother to be suspected of any affection of a specific nature.

The chromic acid has been extolled, these few years past, as a caustic, both by Dr. Keller, of Germany, and by Dr. Marshall, of London, for destroying vegetations developed on the genital parts. Dr. Marshall uses the acid in solution. Dr. Keller applies it in the form of paste. Whatever process is adopted, this caustic is easily managed; its action is at the same time very rapid, little painful, and thorough. We have a right to conclude, then, from this case, that in these excrescences the chromic acid is a powerful caustic, and preferable to others that have been hitherto employed. —CAUSSADE, of the School of Bordeaux.

CASES OF SUPPRESSION OF URINE.

BY JAMES ALEXANDER, ESQ., SURGEON, WOOLER.

THE pathology of the disease, described by our older writers under the name of ischuria renalis, is little known, and the disease itself is a very rare one. Dr. Abercrombie treats of suppression of urine as resulting sometimes from disease of the kidney itself; sometimes from disease, generally inflammatory, of some adjacent organ; and only very occasionally as proceeding from some unknown cause affecting the nerves of the organ, and leaving few or no morbid traces after death. The same view, substantially, is taken by recent systematic writers; with a strong inclination, perhaps, to refer all, or almost all, cases of suppression to some stage or modification of granular disease of the kidney. I cannot pretend to throw any light on the intimate nature of the disease; nor have I the means of going into the literature of it. But, perhaps, the two following cases, which occurred to me very recently, may possess sufficient interest to deserve being recorded in the *Edinburgh Medical Journal*.—

On the 13th February last, I was requested to visit a shepherd lad, aged 16, residing about seven miles from Wooler, who appeared to be laboring under the symptoms of ordinary continued fever, which his friends imagined had been brought on by cold and exposure to wet. He had been ill about ten days. His pulse was about 100; his tongue loaded, and his throat slightly inflamed and painful; he complained of headache, but had little delirium; there was a good deal of restlessness, and his urine was scanty and high-colored; there was no cutaneous eruption. He was ordered some mild aperient, his diet carefully regulated, and, as his pulse was weak, a small quantity of wine was directed to be taken at intervals. On the 15th, the symptoms were nearly the same,

but the quantity of urine was very much diminished; on the 16th, totally suppressed; and, about midnight of the 17th, he died, just a few minutes before I entered the house. Before his death there was partial stupor, but no profound coma, and slight irregular movements of the muscles of the face and eyes, but no general convulsions.

Five weeks afterward, I was sent for to see a younger brother, who was reported to be ill of the same disease of which the first brother had died. I learnt that, in the interval between the death of the elder brother and the seizure of the one I was now visiting, a sister had been ill, as the people supposed, of the same disease, but had passed through it so mildly that no medical advice had been sought for her. My present patient exhibited similar symptoms to those presented by his brother; he had been ill seven days; there was headache, slight sore throat, great general uneasiness, and already the same noticeable diminution in the quantity of water voided was beginning to manifest itself; there were also some spots on the abdomen resembling the eruption of typhoid fever; but, as the youth was liable to an anomalous rash in the spring months, I would not lay much stress on that symptom. The following day the pulse had fallen to 70, and become much weaker, and the urine was totally suppressed; there was no delirium and no coma, no pain in the back, nor the slightest tenderness over the abdomen. Free leeching to the region of the kidneys was had recourse to, and repeated thrice in the course of the next three days; the back was rubbed with a strong turpentine liniment; and the bowels opened by compound powder of jalap. After the first application of the leeches, a small quantity of water was secreted, but no change took place in the strength or frequency of the pulse; but gradually, under the use of the remedies mentioned, the pulse began to rise, the urine became more abundant, and the symptoms of affection of the brain gradually subsided, and in a week's time all the symptoms of the urinary affection had ceased. The symptoms of general feverish action ran on for a few days longer; but, in twenty days from the date of the first shivering, the boy was convalescent, and continues to this time in good health.

It must be acknowledged, that it is at least a singular coincidence, the occurrence of two consecutive cases in one family of symptoms so unusual as those I have detailed. The progress of the case last detailed, and the occurrence of the girl's case between those of the two brothers, renders it probable that I am correct in considering these as originally cases of ordinary fever; and if so, the urinary symptoms form a complication certainly not usual and not altogether without interest. I have seen, in the course of my practice, besides suppression more or less complete from evident inflammatory affection of the kidneys or adjacent organs, one or two cases of what I believe was genuine ischuria

renalis, as described by our older writers; and with a very brief notice of these I shall conclude this paper. My first case occurred in a young man, 22 years old, of unusually dark complexion, and developed itself suddenly. The cessation of the urinary secretion was total in sixteen hours after the accession of the disease, and could be ascribed to no probable external cause. The pulse was slow (under 60), and there was some degree of giddiness and somnolence almost from the beginning; otherwise the general health was not materially affected. The lad was bled to ten ounces from the arm; leeches were applied to the back; the warm bath was used; and turpentine liniments rubbed on the region of the kidneys, the bowels being sharply acted on by calomel, followed by large doses of cream of tartar. Under this treatment, at the end of sixty hours, a small quantity of urine was passed, which gradually increased, and, in little more than a week's time, he had nearly regained his ordinary state of health; nor was the secretion of urine ever subsequently interrupted. Another case occurred in a boy, who had passed through an exceedingly severe and prolonged attack of croup, which had been treated in the usual way, by bleeding, calomel, and antimonials. After having coughed up considerable portions of false membrane, some fragments of which were distinctly tubular, he had seemed, in about nine days, satisfactorily convalescent, the breathing perfectly free, the pulse natural, and all the symptoms of the disease completely gone. The tenth day from his seizure, I was summoned to visit him in haste, and informed that he had made no water for nearly twenty-four hours. To guard against the possibility of mistake, I passed a catheter into the bladder, a precaution which, I forgot to say, I adopted in all the cases I have related, with the result of finding, as I did in all the rest, the organ quite empty. He was treated in a similar manner to the last-mentioned case, but without any benefit, and on the third day he died comatose, not very profoundly so, however, death being preceded, as in the first of the above cases, by slight twitchings of the facial muscles and distortion of the eyes, but not by any convulsive movements of the limbs or body. About a week after the death of this last-mentioned patient, I was requested to visit a boy aged 10, who had not made water for nearly twenty-four hours; the boy was moving about, nor was there the slightest symptom of indisposition discoverable upon examination. His pulse was natural, his tongue clean, his skin cool, his appetite good. His mother had discovered that he made no water while he was in her sight, and upon questioning him he affirmed that he had made none at all, and as his friends lived in the immediate neighborhood of the youth who had died after croup, they took the alarm and sent for me without delay. Leeches, purgatives and other remedies were employed pretty actively, but without the slightest effect in restoring the secretion; the second and third day passed and no water came, still the boy

gave no signs of indisposition, and except an occasional warm bath, and attention to the state of the bowels, little or no further treatment was had recourse to. And thus the boy went on *for four weeks*, without voiding during the whole time *one ounce of water*, without any noticeable inconvenience, and without, as far as I could see, any vicarious discharge. There was no urinary smell, either in the faeces or in the sweat, which was little if at all increased. At the end of a month the urine began to be again secreted, and gradually increased in quantity till it reached its ordinary amount, the first portions that were voided producing a good deal of smarting and pain in the urethra, which, however, subsided by degrees. It was, of course, impossible for me to have this boy so constantly under my own eye, as to be able to state from my own personal observation that no urine passed; but his mother was both an intelligent and respectable person, every precaution was taken to prevent mistakes on the boy's part, and no conceivable motive existed for deception on the part of either him or his mother. I have, therefore, myself no doubt whatever of the fact I have stated. Both this case and the two immediately preceding it were communicated at the time to the Border Medical Society; so, although the cases occurred many years ago, I am quite confident of the accuracy of the facts I have detailed. And I hope they may be deemed sufficiently interesting to deserve a place in a more permanent record.—*Edinburgh Med. Journal.*

REMARKABLE CASE OF ADIPOCERE.

At a meeting of the New York Pathological Society, held Sept. 14th, Dr. DALTON presented a body which had undergone complete transformation into adipocere. As far as could be ascertained, the body was buried in 1832. It was found in a cemetery, or rather in a pit in the upper part of the city, which was dug out for the reception of cholera patients. The bodies were placed in separate coffins, but not in separate graves. The coffin containing this body was found about twenty feet beneath the surface; underneath it there were three tiers of coffins, and above it nine or ten. The uppermost tier of coffins was covered by three or four feet of solid earth. The soil directly under the coffin in which the body was found, was very watery; above this level there was but little water, although the ground was very moist. The bones of the bodies contained in this pit, and in some cases the tendons, were melted together in a semi-fluid mass, the usual result of decomposition under ordinary circumstances.

At the water mark there were several bodies converted into this adipocere. The specimen presented, however, was the most perfect. The hands and feet have been rattled off during transportation. When the body was first taken out, its color was almost precisely the same as now—(a dullish-white); if anything,

it has become a little more brownish. It has now been exposed to the air for three months. Its consistency was decidedly less, when first removed; it was then like cheese of medium consistency, a mixture of the ductile and the brittle. In handling it, great care had to be used. At that time it exhaled a tolerably strong odor, partly cheesy, ammoniacal and earthy. Since that time, the cheesy and the earthy odors have disappeared; the ammoniacal smell, however, is still perceptible. In other respects it appears not to be altered in the least, and Dr. Dalton presumes it will remain in the same condition for years, for centuries, if properly taken care of.

The body is that of a large fat woman, between 45 and 50 years of age, evidently a woman past the prime of life. The anterior parietes have sunk very much, particularly those of the abdomen, which appear to be in contact with the spinal column. The anterior portion of the chest is also collapsed. The change of animal tissue to the adipocere is absolutely complete in all the tissues, except the hair, nails and bones. The papillæ of the skin can be distinguished, but the other tissues cannot be made out.

The substance of which this mass is composed is known by the name of adipocere, or, as the French call it, "*graisse de cadavre*," (fat of dead bodies.) It is exceedingly light, so that one can easily raise the whole subject.

It is somewhat curious that all the bodies, which are reported as having undergone this degeneration, have been interred under precisely the same circumstances. The first case was observed in a similar pit at a cemetery in Paris.

The chemical composition of the substance is such, that it is regarded as an ammoniacal soap, sometimes soap composed of ammonia and lime, in other instances almost exclusively a lime-soap. Orfila and Foureroy, who had paid particular attention to this subject, assert that at first it is almost exclusively ammoniacal, the ammonia being supplied by the decomposition of the nitrogenized muscular tissue. This unites with the fat coming from the adipose tissue, which has become rancid, and produces an ammoniacal soap. Some French chemists regard it as a transformation of the muscles into oleic acid, so that adipocere may be produced by simple decomposition of the muscular tissue. The more generally received opinion is that it is simple decomposition of the muscular tissue into ammonia, which unites with the fat of the adipose tissue. This opinion is favored by the fact, that in almost every instance of this kind the bodies are those of extremely fat persons. Such was the fact in a case, the only case of the kind which Dr. Dalton has previously seen, where the body was that of an enormously fat man. Another reason which makes it probable that the fat must come from the adipose tissue is that, as Orfila ascertained, adipocere does not take place when the animal matter consists of muscular tissue only.

A body buried by *itself* will rarely be converted into adipocere, because the ammonia-compounds produced by the decomposition of the muscular substance are dissolved in the fluids of the body, and these fluids absorbed by the soil, and do not unite with the fats so as to form adipocere. But if a body is surrounded by other bodies, the bodies above, decomposing, produce ammoniacal fluids. These being washed down by the rain, filter through to the ninth or tenth coffin, the water of course in its descent becoming more and more loaded with ammonia, and this uniting with the fat of the lowermost bodies, produces adipocere. The bodies under the surface of the water do not undergo the transformation, probably because the substance is soluble in water.

This material, of which the body is composed, is very inflammable. A piece put on charcoal, placed before the flame of the blowpipe, takes fire, and is consumed readily, leaving scarcely any appreciable residue.—*Philad. Med. and Surg. Reporter.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 6, 1859.

MEDICAL INSTRUCTION IN BOSTON.—As the winter season approaches, we are naturally led to the consideration of the prospects of medical education, for the ensuing season. Judging from the number of advertisements with which the medical press teems, there is enough to suit every taste, in the opportunities and advantages offered to the student. The regular profession, the eclectic, botanic and many other schools, are out with their prospectuses, each vying with the other in its efforts to attract medical students. Our school is among the number, and without claiming for it all the advantages possessed by institutions in other places, we confidently maintain that as a means of attaining a sound medical education, it is in all respects equal to most others, and in some particulars superior to any.

One of the features by which the Massachusetts Medical College differs from other metropolitan schools, is the freedom of intercourse between the pupils and teachers. The number of the former being comparatively limited, they are more frequently brought into contact with the professors, and are thus enabled to avail themselves of the privilege of questioning upon any subject which occupies them at the time. That the students may derive as much advantage as possible from this association with their teachers, there are exercises, which all may attend who choose, conducted by most of the professors, and partaking of the character of conversations, rather than lectures or recitations, the pupils themselves being encouraged to offer any observations or opinions concerning the matter under discussion which may occur to them. These conferences are adjunct to the regular lectures (although taking place during the same season), and usually consist of explanations, or familiar demonstrations of them. Although it is not expected that a large proportion of the students would attend

them, it is found that the number is very considerable—amply sufficient to give a lively interest to the exercises.

Of all the departments of medical instruction, clinical teaching must be acknowledged to be the most important. By clinical teaching, we do not mean a mere clinical lecture, but we include the remarks made at the bedside, and the opportunity of seeing and personally examining the patients. Lectures on the theory and practice of medicine and surgery are unquestionably of the highest importance. The personal experience of the teacher can never be learned from books, nor does the student know where to seek, or how to combine the information which is condensed into a lecture. But lectures alone will never make him familiar with the aspect of disease, nor with the practical art of treating it. Lectures on mechanics are excellent things, but to learn a trade one must go into the workshop, and handle the tools for himself. It is in regard to this department that we think the Boston school stands on the highest level. Students go into the wards and see, hear, and study the actual cases. In some of the crowded schools in other cities, the throng is so great as to render it impossible to do this. The bed is brought into the lecture room, and the patient viewed by the students as they sit on the benches of the amphitheatre. How much can be seen under these circumstances may be easily guessed. The general appearance of the patient may be seen by those who are near; but of course, the opportunities of minute examination, and especially of auscultation, must be excessively limited; moreover, the inconvenience of thus transporting patients is so great that only a few can be seen at all, even in this imperfect manner. We forbear to speak of the unfavorable effect which this procedure must have on the patients. We believe there is no city in this country where the opportunities for practically examining patients are as great as they are in Boston, and we believe that from no school has there graduated a larger number of well-educated, practical students, than from the Massachusetts Medical College.

It is unnecessary for us to enter on any encomium of the professors in our school. They are widely known for their high professional standard, both as practitioners and as teachers of medicine.

PREPARATIONS OF IRON IN MEDICINE.—There is no article of the *Materia Medica* which is of more unquestionable efficacy, in certain diseases, than iron, and there is none that is offered to the practitioner under so great a variety of forms. We are inclined to think that the particular preparation employed is of less importance than is sometimes imagined, certainly less than some manufacturers would have us believe. Of late, quite a controversy has existed on the subject of the soluble protoxide of iron, and one would suppose that this preparation was far better than any other. We believe the object in presenting this salt to the notice of the profession originated in the commercial success of a certain empirical medicine, which pretends to consist mainly of a solution of it. By means of incessant advertising and puffing, the attention of the community has been attracted toward this nostrum, and we believe there are even some physicians who have been induced to try it. We are not aware that any careful experiments have been made to test its powers, probably because we have already so many excellent preparations of iron that no more seem necessary, and also because the reserve which its proprietors

maintain on the subject of its mode of manufacture, and the number of distinct diseases which it professes to cure, throw great suspicion on its virtue. In the few instances in which we have been able to watch its effects, it has failed to answer any useful purpose.

The chief requirements that are demanded of a preparation of iron, are that it should agree well with the stomach, and that it should be so far soluble as to be readily absorbed; but neither of these properties are essential to its efficacy, since iron filings make an excellent chalybeate when no more convenient and agreeable one can be obtained. One of the most agreeable, most soluble, and most effective salts of iron is the potassio-tartrate, and hence it has always been a great favorite. We have found great benefit from the administration of Vallet's pill (the proto-carbonate), which has the advantage of cheapness, a matter of no inconsiderable importance among a certain class of patients. In cases of chlorosis we have often prescribed this pill, with excellent effect; it may be combined with some laxative, such as the extract of colocynth, or the compound rhubarb pill, when constipation exists, as is usually the case. The ammonio-citrate, the lactate, the citrate of iron and quinine, the iron by hydrogen, are all elegant and powerful preparations, but in our opinion are not really more efficacious than the cheaper forms. In some cases, the old-fashioned myrrh mixture (the compound mixture of iron) answers admirably. In short, so numerous and so excellent are our preparations of iron, that to add a new one to the list would only place us in an *embarras de richesse*.

NEW WORK ON LEGAL MEDICINE.—A work on "Mal-practice and Medical Evidence," by Prof. J. J. ELWELL, of Cleveland, Ohio, is now in the press. From the preface and an extra ct from the chapter on "Malpractice in Fractures and Dislocations," printed in a late number of the *Cleveland Medical Journal*, we infer that the volumes will be a valuable addition to the literature of legal medicine, and, indeed, supply some deficiencies which have always existed in that branch of science. The subject of malpractice is rarely mentioned in works on medical jurisprudence, and much ignorance exists in regard to it, not only in the legal profession, but in our own, especially in relation to fractures. We hardly know where to turn for information as to the amount of shortening in cases of simple fracture of the thigh. Every surgeon knows that *some* shortening always remains after the bones are united, even though there be no evidence of it in the gait of the patient, yet we believe this fact is not stated in the books. Again, it is known that such a thing as a transverse fracture of the shaft of the femur never occurs, but no one would imagine it, from reading the various treatises on surgery. To Prof. HAMILTON, of Buffalo, we are indebted for the first distinct demonstration of these facts, and of many others which have an important bearing on the subject of malpractice. We doubt not, these points will be set in a clear light by Professor ELWELL, in his forthcoming work. Should he succeed in clearing up the difficulties of the legal bearings of malpractice and medical evidence, he will incur the lasting obligation of the professions of medicine and law.

QUININE IN TYPHOID FEVER. *Messrs. Editors*,—In the *JOURNAL* of September 1st, "Oliver" assumes that I have done injustice to West-

ern physicians in my remarks upon tonics, and their use in typhoid fever. And yet he admits that he does give quinine, in the manner represented by me. Now I suppose he has a right to his *opinion*, and I to mine, without injuring any one, and I would not notice his "challenge," were it not that some might be misled, and an unfair imputation left to rest upon me. The only thing I have stated as *fact*, that he has not *admitted*, is, that "there are many 'Olivers' in the West." It is possible I did do injustice to Western physicians, in stating this to be so, and *I take it back!*

The question touching the use of quinine in typhoid fever is an important one, especially to "this section of the country," where it is in such general use. A remedy of limited range of use, and of but little merit, is not very liable to be abused; but this cannot be said of quinine, and hence the question in the present instance. Any one who has read what has been said by "Oliver" and myself, will see that *he*, and not *I*, has instituted comparisons between Eastern and Western practitioners. All I ask is not to be misrepresented, and I will not quarrel with Oliver because he differs from me in *opinion*.

Plainfield, Ill., Sept. 25, 1859.

P. K. G.

NEW SYDENHAM SOCIETY.—We are glad to learn from Dr. SALTER, the honorary local secretary of the Sydenham Society, that there is a strong probability that the first four volumes of the last year's issue of this Society, will be reprinted, there having been a large accession to the subscribers, since the issue of the first edition of 2000 copies. Of course, should these copies *not* be reprinted, the last year's subscription is good for the current year.

Dr. Salter requests us to state, that the annual subscription of *one guinea* is equivalent to \$5.25 U. S. currency. Those who are desirous of obtaining the publications of the Society will understand that the subscriptions are due on the first of January of each year, and in order to ensure the receipt of the books it is absolutely necessary that the money should be forwarded to Dr. Salter in time for him to remit to the Society by the first packet leaving Boston in that month. The Secretary cannot pledge himself to send special notices to each subscriber.

RECTO-VESICAL LITHOTOMY.—This operation was recently performed by Dr. BAUR, of Brooklyn, with the most marked success. The patient was a man aged 26. The operation was performed on the 18th of July, as follows:—The patient, not using an anæsthetic, was placed upon his left side, with his legs crossed and drawn up; the bladder being injected, Sims's speculum was introduced into the rectum, and held firmly backward and upward, freely exposing the region of the base of the bladder; the left fore-finger being placed upon the posterior margin of the middle of the prostate gland, a small two-edged scalpel was introduced on its median line through the rectum into the bladder; the wound was sufficient to admit the left fore-finger; hæmorrhage slight; the stone not appearing in the escaping fluid, a pair of straight forceps was introduced, the stone seized and removed without difficulty. Its diameters, in inches, were $2\frac{1}{2}$, $1\frac{1}{2}$, and 1; weight $1\frac{1}{2}$ ounce. The wound was closed by Dr. Sims with the silver suture, the catheter being retained. Convalescence proceeded without an unfavorable symptom, and on the seventh day after the operation the

sutures were removed, and the wound found to be perfectly united. A new era dawns upon the operation of lithotomy!—*N. Y. Journal of Medicine.*

THE new Medical Board of the Philadelphia Hospital has assumed the control of the institution. Rules for its government in accordance with the present arrangement have been adopted, which will enable its affairs to be conducted in the orderly and systematic manner, so essential to the harmony and efficiency of a large hospital. The general organization is similar to that of the Pennsylvania Hospital, and most of the other prominent institutions of the kind in this country. Dr. S. D. Gross has been elected President of the Medical Board. The Philadelphia Hospital is the largest hospital on this continent, presenting an unequalled variety of disease, and has no superior in its opportunities for clinical study.—*Medical & Surgical Reporter.*

DR. HENRY H. SMITH has sent in his resignation as one of the surgeons of St. Joseph's Hospital in this city.—Dr. S. W. BUTLER has been appointed Chief Resident Physician to the Philadelphia Lunatic Asylum.—Dr. William Hauser, formerly of Spier's Turnout, Georgia, has been appointed Professor of Physiology and Pathology in the Oglethorpe Medical College, at Savannah, in that State.—*Ibid.*

NEW MEDICAL WORKS.—Messrs. Blanchard & Lea have in the press, and will issue early in the autumn, Professor Austin Flint's treatise on Diseases of the Heart; Professor Hamilton's work on Fractures; and Professor Stillé's work on Materia Medica and Therapeutics—the latter in two large octavo volumes. Dr. Da Costa's work on Diagnosis is in the press of Messrs. J. B. Lippincott & Co., and will appear in the course of the winter.—*N. A. Med.-Chir. Review.*

HEALTH OF THE CITY.—The proportion of females, in the deaths of last week, was 6 in excess of males; and of the whole number, 32 were of children under the age of 5 years, 25 of whom were under 1 year. The largest number of deaths from any one disease except consumption, was 6 from smallpox, 3 of the patients having been adults, and 3 children. There were 4 deaths from pneumonia, 3 from scarlatina, 2 from dysentery and 2 from cholera infantum; the last disease presenting a striking difference in its mortality from that of last year at this time. The number of deaths for the corresponding week of 1858 was 81, of which 19 were from consumption, 14 from cholera infantum, 6 from dysentery, 2 from pneumonia, none from smallpox, and none from scarlatina.

Books and Pamphlets Received.—On the Organs of Vision, their Anatomy and Physiology. By Thomas Nunneley, F.R.C.S.E., &c. (From the Author.)—Pathological and Practical Observations on Diseases of the Alimentary Canal. By S. O. Habershon, M.D., &c. (From the publishers.)—Anweisung zur Einreibungseur bei Syphilis-formen. Von Dr. Carl Ludwig Sigmund. (From the Author.)—Introductory Address, by I. Rowell, M.D., Professor of Chemistry in the University of the Pacific.

MARRIED.—In this city, 27th ult., Leonard Block, M.D., to Miss Barbara Rosa Stuart, from Bavaria on the Rhine.—At East Concord, N. H., 22d ult., W. A. Koger, M.D., of Shreveport, La., to Miss Mary E. L. Potter.—In Brooktown, N. H., Sept. 27th, Alonzo F. Carr, M.D., to Miss S. Frances Parker, of the same town.—At Goffstown, N. Y., 25th ult., Dr. M. Clarke, of Cambridge, Mass., to Fanny L. E. Hastings.

DIED.—In West Boylston, 28th ult., Dr. John Smith, the oldest person in the town.—At Mt. Holly, N. J., Sept. 22d, of gout of the heart, Dr. George F. Lehman, in the 54th year of his age.—In Columbia, S. C., Sept. 20th, of disease of the heart, Dr. E. H. Barton. Dr. B. was for many years a leading practitioner in New Orleans, was a professor in one of the Medical Colleges there, and President of the Louisiana State Medical Society. He was a Surgeon in the U. S. Army during the war with Mexico, and has of late years been well known to the profession as the author of the valuable Report on Yellow Fever, made by him as Chairman of the Sanitary Commission of New Orleans.

Deaths in Boston for the week ending Saturday noon, October 1st, 74. Males, 34—Females, 40.—Accident, 3—apoplexy, 2—disease of the brain, 1—consumption, 16—convulsions, 1—cholera infantum, 2—croup, 1—dysentery, 2—diarrhoea, 4—dropsy, 3—dropsy in the head, 2—infantile diseases, 2—epilepsy, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 2—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 4—congestion of the lungs, 1—marasmus, 1—old age, 3—premature birth, 2—purpura, 1—scrofula, 1—smallpox, 6—teething, 1—unknown, 4—whooping cough, 2.

Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 51—Ireland, 19—other places, 4.

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THURSDAY, OCTOBER 13, 1859.

No. 11.

TUMOR IN THE SPINAL CANAL—DEATH—AUTOPSY.

[Read before the Boston Society for Medical Observation, October 3d, 1859, and communicated for the Boston Medical and Surgical Journal.]

BY EDWARD H. CLARKE, M.D.

THE person whose case is now presented to the Society, was, during the largest part of his illness, the patient of Dr. Moses Rogers, of Falmouth, Mass. For a short period he was under my care in Boston; and also for a short time he was a private patient in the Mass. Gen. Hospital, where he received the advice of the physicians of that institution. The following report of his case is compiled from an account of it, kindly furnished to me by Dr. Rogers; from the Records of the Mass. Gen. Hospital; and from my own notes.

Mr. ———, an American, æt. 43, was born in Dedham, Mass. During his last illness, and for some time previous to it, he resided in Falmouth, Mass. He was married. His profession was that of a clergyman. He was about 5 feet 5½ inches in height; stout, with a large head and an active brain. He had always enjoyed robust health, and had been capable of a great deal of physical and mental exertion. He had never suffered from dyspepsia or other ailments to which professional men are often liable, except occasional sick headaches, and these always induced by excitement.

Sixteen years ago, while assisting in lifting a heavy weight, he felt a "stitch" or pain in the back of his neck, which troubled him for a few days. Ever afterward he felt a weakness or uneasiness in the spot where the pain was perceived, whenever he took a long walk, but at no other time. During the summer of 1858, he bathed frequently in the sea, and continued his baths late into the autumn. It was his custom to remain in the water for fifteen or twenty minutes. No sensation of chilliness or discomfort was induced thereby. In January, 1859, while riding in face of an easterly storm, he felt pain in the back of his neck, extending to the right ear. Soon after, he also felt pain between his shoulders, and was so uncomfortable that he sought medical advice. An examination of the seat of pain revealed no tenderness. A blister was applied. Chloroform and other counter-irritants were

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used externally, and considerable temporary relief was obtained. But the relief was only temporary. The pain returned with increasing severity,

By the 1st of May, 1859, his distress became intense. He could not lie down or sit up comfortably, in any position. On some occasions he stood erect all night, rather than sit or lie at all. At this time he began to feel numbness in his right arm and hand. He also complained of weakness in raising his arms, and especially in raising his right arm. There was some swelling of his right hand, with inability to detect articles grasped by it. In his left hand there was slight diminution of power. Two or three weeks later, a similar numbness was observed in his left leg, and soon afterward in his right leg, with slight weakness of his knees, and hesitation in walking. At about the same time, he began to feel numbness around his abdomen, and experienced some difficulty in voiding his urine and fæces. This sensation of numbness gradually spread over his chest as well as abdomen, and gave him a feeling which he described as one of being cased in armor, or bound with iron. His drinking-water and wine were analyzed, but no lead could be detected in them. His bowels and appetite were normal. The distress induced by the sitting and the horizontal posture grew gradually less. By the middle of May he was able to lie down all night, and for some time he slept tolerably well. He came to Boston early in May, where he remained for two weeks. Thence he went to Northbridge, and after a visit of three or four weeks he returned to Boston, and entered the Mass. General Hospital.

At this time, which was the last week in June, an examination disclosed slight pain on pressure at the back of his neck, and also on twisting it a little. He could not hold his head back, and preferred to keep it over the centre of gravity. The pain, which he referred to the top of his spine, was most severe at night, or when first moving in the morning. His sight was not affected, but somewhat later there were *muscæ volitantes*, especially in the left eye. He thrust his tongue out a little to the right, but was able to protrude it from either side. Riding produced pain near the top of his spine. On long walking he put his foot down carefully, and moved with a shuffling gait. The pulse averaged in the neighborhood of 65 and 70 per minute, and was apparently normal. The numbness and loss of power, described above, continued, and were more marked. Sometimes, when any part of his body was touched, he complained of a reflex action in his extremities. There was no distinct tenderness anywhere along the course of his spine, below his neck; and on his neck, the tenderness was by no means decided. Occasionally, it was not felt at all, even on hard pressure. There was no apparent sensitiveness to the passage of ice along his spine from occiput to coccyx.

He left the Mass. General Hospital, and returned to his resi-

dence in Falmouth about the middle of July. At that time, or very soon after, he could raise his left hand to his head, but had no control over his right arm and hand, except to move his fingers. He could use his left foot quite well, but had so little use of the right that he could not walk without assistance. There was also impaired power of the muscles of the throat, and some vertigo. By the first of September, the disease had made slow but evident progress. At that time, nearly all voluntary motion was abolished. During the first and second days of September, the disease suddenly and decidedly advanced, and involved the involuntary as well as the voluntary muscles. He retained power only to move his head a little from side to side; to whisper; to swallow liquids, and to breathe with difficulty. His intellect remained clear. It had been so throughout the course of the disease, and it continued so to the last. He suffered greatly from pain, and at times he had paroxysms of intense agony. The severity of the pain seemed to increase with the progress of the disease. During the last week or two, he could scarcely find words in which to describe his sufferings. He said that he felt like one bound into an iron coffin, with live coals packed about him; and that his neck felt as if it were noosed in a cord, which some one was constantly trying to tighten. The pain was evidently not confined to his neck and its neighborhood, but was felt more or less universally. He died on the 10th of September.

Various remedial measures were resorted to, in the treatment of this case. None of them seemed to stay the progress of the disease, or to influence it much. Some of them ameliorated his sufferings. Counter-irritation and dry cupping were early employed. Later, electricity, colchicum, strychnia, iodide of potassium and iron were exhibited, one after another, though not in the order I have mentioned them. Still later, repeated blistering was tried upon his neck, and a seton passed through it. Opium, in various forms, was given, and in the last stages of the disease it was exhibited freely. Chloroform and ether were largely administered by inhalation, and with marked temporary relief of pain.

A *post-mortem* examination was made by Drs. John Mackie and Moses Rogers, of Falmouth. From their report it appears that a "tumor was found within the spinal column, at the right front of the cord, and at the third vertebra. The cord immediately pressed by the tumor was little more than membranous; and at the opposite side of the tumor there was destruction of a portion of the vertebra." The tumor, thus described, was sent to me, preserved in alcohol. Dr. Ellis, to whom it was submitted for examination, describes it as follows: "Having been preserved in alcohol, it could not be examined as satisfactorily as under ordinary circumstances. To the naked eye its structure appeared rather loose; and examined with the microscope, cells were seen, but so much changed by

the action of the alcohol, that no opinion could be formed of their actual character."

From this statement it is evidently impossible to say whether the tumor was malignant or not. The question has been asked, whether the strain which was felt in the neck sixteen years before the fatal attack, might not have been the cause of the tumor. There is nothing in the case which warrants such an inference, though it is possible that the tumor may have so originated.

GANGRENE OF THE LUNGS.

[Read before the Boston Society for Medical Observation, October 3d, 1859, and communicated for the Boston Medical and Surgical Journal.]

BY CHARLES D. HOMANS, M.D.

J. D., Irishman, aged 35 years. The previous history of the case is shortly as follows:—There was no hereditary predisposition to disease. He had generally been a healthy man, though at times in the habit of drinking too much. His trade was that of a shoemaker, of course somewhat sedentary. During the spring of 1858, he was attacked for the first time with cough, in the beginning slight, but gradually increasing in severity. He soon began to lose health and strength, and became much emaciated. There was never any hæmoptysis. For two or three weeks before he was first seen by me, he had been confined to his room, and most of the time to his bed.

Sept. 21st, 1858.—Is a rather tall man, of a dark complexion, and much emaciated. Is lying in bed on his back. Countenance anxious; tongue with a dark grey coat; pulse 88; skin hot and moist; no headache. At times, has chills, followed by heat and sweating, the latter frequently quite profuse. Coughs much, expectorating a dark-colored, slightly offensive mucus. Bowels generally regular. Appetite pretty good. Respiration somewhat labored and hurried.

Percussion reveals nothing marked. On auscultation, mucous râles are heard generally over both sides of chest, perhaps most marked below right scapula. One drachm of a solution of diluted sulphuric acid, two drachms to four ounces, was directed to be given every three hours. One drachm of solution of morphine (the sulphate) to be taken at night, *p. r. n.* For drink, flaxseed tea, acidulated. Diet to be vegetable. Expectoration to be saved.

22d.—Passed a restless night, suffering from dyspnœa, which is increased, and necessitates a half sitting posture. Has expectorated perhaps half a pint of a dark-colored fluid, more offensive than that of yesterday. Pulse 90. Otherwise as before. Sinapism to chest, *p. r. n.*

23d.—Sitting up in bed on account of dyspnœa. Coughed much in night, and raised about a pint of a dark-colored liquid, containing minute, blackish grey masses, resembling bits of lung tissue. The liquid is very offensive. Pulse as before. Appetite good. Cod-liver oil, one drachm to be given three times daily, and gradually increased in quantity.

24th.—Expectorated during the night a great quantity of the same fluid as yesterday, there certainly being more than a pint in the vessel shown to me. He seemed to have lost flesh during the last twenty-four hours. No nausea. Appetite good. May have beef-tea.

25th.—The fluid raised on the 23d instant was examined by Dr. Ellis and myself. Under the microscope, the minute dark masses were found to consist principally of cellular tissue, considered by us to be portions of the lung. Has again expectorated profusely, during the night, a dark offensive fluid running from his mouth with but slight exertion on his part. The matter raised was exceedingly offensive, as was also his breath and the whole room.

26th.—He appears somewhat more comfortable this morning. Pulse 80. Sweating somewhat less, though still profuse, his wife being obliged to change his shirt at least once every day. He seems very weak. Appetite good. Bowels regular. Wishes for, and may have beef-steak. Wine and water, *p. r. n.*

27th.—Was quite comfortable yesterday, but during last night he had a paroxysm of coughing, and raised over a pint and a half of a fluid similar to that described above, and always containing many small, dark-grey masses, exceedingly offensive. Relishes his meat, and has no trouble from it. Pulse 90. No pain in chest. Considerable dyspnœa. On auscultation, the results were as before, save that there is an approach to gurgling in the right back, though it is not well marked. Percussion seems slightly duller in this region than on the other side.

28th.—The quantity expectorated amounts to about one pint and a half each night. Pulse 90, rather weaker. Countenance very anxious. Sweating profuse.

Oct. 2d.—He seems very weak, gradually failing, though he eats a great quantity of food, and enjoys it all; eggs, meat, in fact everything that he can get. Expectoration as before. Bowels regular. Whisky *ad libitum*.

5th.—Is extremely emaciated. Pulse 90, feeble. Countenance sunken. Is bathed continually in a cold sweat. Dyspnœa great. Bears all his stimulants well. Expectoration, as copious as before, and is always greatest at night, when for two or three hours he will be spitting all the time. Cough not very troublesome. In the daytime he seems feeble and prostrate, like a man tired out by some violent exercise. Says but little or nothing. Appetite is very good. One grain of sulphate of quinine, in solution, to be taken three times daily.

8th.—Seems in much the same state as at last report, though exceedingly weak, and apparently moribund. Pulse 90. Still sweats profusely, and expectorates nightly between one and two pints of an exceedingly offensive fluid. Auscultation and percussion as before. Appetite good. Bowels regular; once or twice only, during his sickness, has he needed an injection.

11th.—Expectoration less in quantity and lighter colored. Pulse 86, not quite so feeble. Sweating less. Eats and drinks enormously. Is very weak, but in much better spirits.

15th.—Is gaining, though still expectorating about a pint of fluid in twenty-four hours. This is not so dark colored, nor so offensive. Appetite good. Mucous râles are generally disappearing, though still very abundant in lower right back.

20th.—Has much improved since last report. Pulse 76, stronger. Appetite good. Bowels regular. Is able to sit up an hour at a time. Is very much emaciated. Expectoration, more purulent in character, is still slightly offensive. No pain. On auscultation, mucous râles are still heard below right scapula; elsewhere the respiration seems normal. The morphine has been omitted.

25th.—Sitting up. Expresses himself as quite well. Expectoration much less in quantity, and purulent. No pain. Still some mucous râles in right back. Slight cough at times. Sleeps well. He was directed to continue the use of the cod-liver oil and the stimulants for a while longer, but to abstain from all medicines.

In December, he came to my office, and reported himself, and appeared to be quite well. A caution was given him as to the too great indulgence in stimulants.

Sept. 25th, 1859.—I went to his house, and found him quite stout and hearty. He said he was as well as he had ever been in his life, save that since his illness he was more liable to cough than before.

ERYSIPELAS, WITH A CASE.

[Communicated for the Boston Medical and Surgical Journal.]

DR. DEWEES abjures the idea that erysipelas ever produces healthy pus, and consequently would reject "phlegmonous erysipelas" as an absurdity. Now cases sometimes happen in the country and in corners, which do not occur in cities and hospitals. Some years past, Judge W., aged 45, had erysipelas in the right hand, which was followed by suppuration; and healthy pus appeared first by the breaking of a diffused abscess. Twice we had to use the lancet between the fingers, and both times healthy pus issued. There is, therefore, as we ourselves have experienced, room for all the divisions of different authors, viz., Mr. Lawrence, Dr. Good, and Caze-nave. According to them, there is phlegmonous, œdematous, erratic, as well as simple or common erysipelas, which last is some-

times denominated vesicular. Dessault tells us of *bilious* erysipelas.

The erysipelas of the face is that variety which is ushered in with chills, succeeded sometimes by acute fever, and often accompanied with delirium. This is the *erysipelas* of Cazenave, and of Mr. Arnott, who proposes to confine the term to this variety. It is also the *local* of Dr. Good and the *simple* of Mr. Lawrence. Erratic, œdematous and phlegmonic species may exist, and we believe commonly do exist, without vesicles, or little blisters, and we can by no means agree with Dr. Dewees, that there is but one species of erysipelas. Local erysipelas does not travel in successive patches, but is limited to a particular part, the cuticle being raised into numerous aggregate, distinct cells; or the cells running into one or more blebs, or larger blisters.

Erratic erysipelas travels in successive patches from part to part, the earlier patches declining as new ones make their appearance; these are the views of Dr. Good. Cazenave, on the same, says, that instead of passing through its various stages where it was first developed, it may successively attack different parts of the body, and disappear from that which was first affected. At other times it extends over a greater surface, gradually, without disappearing from its point of original attack, so as, in some rare instances, to cover the whole body at the same moment. In certain cases it suddenly disappears, and attacks another spot, leaving no other traces than a slight desquamation. Contrary to such high authorities, Dr. Dewees says, "We are of opinion that the only division that erysipelas is justly susceptible of, is into the superficial and deep-seated."

My own opinion is, that erysipelatous and phlegmonous inflammation is of two distinct kinds; that they do not primarily differ in degree, only, as Mr. Lawrence assumes, but in nature. Still we do believe that one of the causes of phlegmonous inflammation may have an erysipelatous origin; that the feeble pulse, the irritable nerves, low state of mind, and poorness of blood with which the disease begins, may be so changed by remedial means, or abnormal alterations, that a phlegmonic diathesis may more or less perfectly ensue. On the other hand, the cutis, and parts surrounding phlegmonous inflammation, may, by a deterioration of vital energy, take on what has perhaps not very properly been termed the *typhoid* inflammation of erysipelas. Indeed, what is more common than for phlegmonous tumors, or the stump of a limb after amputation, when about to mortify, to put on the appearance of erysipelas, take on its peculiar inflammation, and, like it, throw out yellowish vesicles?

That erysipelas affects those who have œdematous limbs, anasarous swellings, or hernial tumors, shows it to be a disease of debility. And its appearing with its peculiarities, such as serous blisters, a diffused flush, moderate heat, and dark spots upon parts

about to sphacelate, and sometimes upon the whole surface, when scarlet fever is about to end fatally, proves its tendency toward mortification of the blood.

Still, in the same disease the diathesis may be at antipodes at different periods; if not so, why should Dr. Dewees bleed at one stage of intermittents, and give bark, wine and quinine at another stage? It so happens that the whole system may not in every case respond to partial disease and local action; and, on the other hand, that a local disease may require local remedies, of a class entirely different from what the general system indicates. Now, although erysipelas may have debility for its remote cause, the system may be in such a state from the exciting, occasional, or proximate cause, as not to admit of stimulants, nor may it be in such a state of phlogosis as to admit of bloodletting; for does it not follow, of course, that if one of these modes is ineligible or improper, the other must be the most eligible, at least to its full extent. A local stimulant may be decidedly indicated, while the general system indicates no other than one decidedly antiphlogistic.

Dr. Underwood, Mr. Burns and Dr. Garthshore would use camphorated medicaments as one of the very best applications locally. Dr. Underwood declares bark the best constitutional remedy. As to bloodletting, no better directions can be found than those of Huxham: to draw blood when the fulness, force and hardness of the pulse justifies its loss; but, on the contrary, when the arterial force is feeble, and the patient languid, it never should be adopted. The state of the pulse, therefore, must ever regulate the employment of bloodletting. Dr. Dewees found saturnine applications decidedly hurtful, and mercurial ointment useful. Blisters are approved of by him, and by Dr. Physick, if the part is so situated as that the blister can cover it, and the edge of it go on the sound part, but not otherwise.

Puncturing and scarifying are approved of by Mr. Lawrence, Dr. Dobson and Mr. Hutchinson. Puncturing the eyelids, when they were so much swollen as to close the eyes, has soon restored the sight without any bad results. As to the mode of scarifying, or incising, we give this: "the incisions may be made about an inch and a half in length, from two to four inches apart, and varied in number from four to eighteen, according to the extent of surface the disease is found to occupy." Mr. Lawrence thinks it necessary to incise so deep as to produce free bleeding. But let it be particularly noticed that the practice of making free incisions is best in the early stage of the disease, and not afterward. One of the high authorities says, that the old notion that unctuous and oily substances are injurious, is unfounded. Higginbotham's remedy was that of rolling a stick of nitrate of silver over the affected part. Mr. Vetch's was that of rubbing with a decoction of tobacco.

Shingles are so much of the nature, character and import of

what is called erysipelas, or St. Anthony's fire, as not to have a separate mention by a high authority before me; which I think very injudicious, as well as indiscriminative, as I have had a case of shingles which required and which was cured by repeated letting of blood; whereas, in genuine erysipelas, I have never bled nor found the pulse once to indicate the loss of blood at all.

As to bark, Sir Gilbert Blane, in his Medical Logic, decides that it is "the best remedy in erysipelas." Dr. Fordyce gave it in drachm doses every hour, as he informs us, with the most decided advantage. In erysipelas of the scalp, Wilson, of the London Lancet, would incise down to the bone. Rubbing in strong mercurial ointment is relied on to relieve the burning pain, heat and itching. A solution of three grains of corrosive sublimate in eight ounces of water, is still better for the same purpose. To keep it from wandering or spreading, a solution or ointment of nitrate of silver acts as a *cordon sanitaire*: the solution has eight grains to an ounce of water. Dr. Hayward, of Boston, in his report of cases occurring in the Massachusetts General Hospital, speaks of giving half a drachm of quinine once in twenty-four hours, and says patients are often benefited by a larger quantity. He used leeches, and puncturing with the lancet, but disapproved of incisions. Velpeau's remedy was sulphate of iron, one ounce to a pint of water, used as a lotion; or an ointment of sulphate of iron, one drachm to one ounce of lard. He says, a speedy improvement follows the use of either of these external applications. A long-continued diaphoresis, by remedies not heating, such as sage tea, and vinegar-whey, was in high and deserved estimation, by two respectable physicians, Dr. Allen, of Vermont, and Dr. Perry, of Rhode Island.

Besides the several forms of erysipelas above designated, there is a chronic form not mentioned; it is that seen in the sore legs of old men, surrounding open ulcers, and sometimes in other persons who have old sores. Here the treatment must be upon the general principles adapted to other cases. A late case, which had withstood for a long time the usual treatment for sore legs, was speedily cured when thus managed; the cranberry poultice seemed especially useful.

A CASE.—In May, I was called to visit a female infant, three months old, of Irish parents, which presented phenomena so singular, that I thought them worth offering for publication. The whole body, from legs to neck, was completely covered with erysipelas; it had not yet reached the face, as it did afterward. Every part thus affected was mightily increased in bulk; especially was this noticeable in the labia pudendi, one of which had, besides the enlargement, an ulcer about an inch and a quarter long, into which half the hollow part of a goosequill might be laid lengthwise; there was no discharge from it, but the bottom of the ere-

vice, or fissure, had a purulent appearance. The thought of syphilis in the parents occurred at once, but it was groundless.

It was the 15th of May that I first saw the patient. On the 1st of June, the erysipelas, after having invaded every part of the body, had subsided. The labium, so singularly affected, was entirely well; but I was now called for a swelling of the shoulder, involving the front of the arm-pit, which ended in an abscess, which was suffered to break, and discharged healthy yellow pus. Having another patient in the neighborhood, I dropped in about a week after, and found my little patient recovered. Creta preparata was the application to the ulcer. A lotion, composed as follows, was prescribed and applied to the body and limbs of this universally erysipelatos patient. Twenty grains of sulphate of iron were dissolved in four ounces and a half of water, to which one ounce of laudanum was added, the anodyne being urgently needed, on account of the smarting the urine occasioned to the ulcer. Sweet spirits of nitre were given for the fever, and other remedies *pro re nata*.

JOSEPH COMSTOCK.

Lebanon, Conn.

CASE OF SUSPECTED MALIGNANT PUSTULE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—If the following description of a case under my care, of late, will afford, in your opinion, any interest to your readers, I shall be happy, at the suggestion of several medical friends who concur in the diagnosis as one of probable malignant pustule, to place the same at your disposal.

Miss A. B., of this town, seamstress, æt. 37, of robust constitution, and whose antecedents, prior to her last illness, had been only those of uninterrupted good health, and who belonged to a family long lived, and all remarkably free from any tendency to erysipelatos or cutaneous affections, summoned me on Wednesday, Sept. 21st, for what she supposed a common boil.

The account which I received from the patient was as follows. On the previous Saturday, having, for a few days before, suffered from sore throat, headache, and local pains, she perceived a small "pimple" upon the end of her nose. On Sunday, felt some tingling with burning pain; "pricked" the vesicle, and applied a domestic irritant. On Monday morning, awoke, to discover an increase of redness and swelling, which continued through this and the following day; and on Wednesday, hearing of several cases of local erysipelas in the neighborhood, felt the need of medical advice.

Wednesday, M.—Patient sitting up. Has taken two draughts of infusion of senna, which have been followed by free dejections. At tip of nose, and mostly upon the left ala, is felt a hard tuber-

cle, of the size of a split pea, of a dull red color, and covered by a dirty brownish scab, through which an ichorous fluid is slightly oozing. Integument of nose much swollen, tense and shining; left eyelids prominent, œdematous, and closed. Tongue free from coat; appetite unimpaired; complains only of a sensation of tightness of nasal integument. Pulse 90, weak. R. Quinia sulph., gr. i. every four hours. Apply to nose, sol. plumbi acetat.

7, P.M.—Reports better, in respect of local heat and tension; but is evidently suffering from severe pain in left chest, which she describes as radiating to left shoulder. Pulse 86. Apply to seat of pain, in thorax, hot stupes of spts. vini rect. dil. R. Pulv. ipecac et opii, gr. x. Continue quinine.

Thursday, 8, A.M.—Has slept tolerably through night. Pain in chest relieved by fomentations. Integument of nose sub-livid; œdema of left eyelids diminished, being now easily separated. Pulse 86. Some disposition noticed to an extension of the inflammation, by swelling of left cheek, terminating in a well-defined, red border, from the angle, along the ramus of the jaw, to chin. Circumscribe redness with sol. nit. argent. Paint inflamed surface with tinct. iodini. Continue quinine.

Evening.—Suddenly called to patient, accompanied by my friend H. W. Rivers, M.D., of Providence, who was accidentally in town. Inflammation has extended to both cheeks. Eyelids, of both eyes, œdematous and closed. Integument of nose purplish, darkening in color to the tip, where are seen several phlyctænæ, filled with a turbid serum. Tongue slightly coated. Pulse 130, weak. Replace wash with R. Ferri sulphat., p. i.; aquæ, p. ix. M. Continue quinine. Wine whey *ad libitum*.

Friday, 8, A.M.—Dr. Rivers in consultation. Has passed a comfortable night. Pulse 86. Nose still purplish, but general swelling much diminished; right eye now open, and the lids of the left are easily separated. Everywhere, the color of integument, which yesterday was scarlet, is now yellowish—partly as from wash, but as we often notice in retrograding erysipelas. Continue treatment.

This patient was seen several times through the day; but upon each successive visit, from the sinking pulse, cold extremities and significant tremor, the tendency to a rapidly fatal termination was more and more apparent. Animal broths, carb. ammoniæ, wine and brandy, were successively employed; the swelling and lividity became general, extending down to both clavicles; the respiration rapid and labored. A state of semi-delirium supervened, and after an hour only of coma, the patient expired at 10, P.M., as by apnœa, from a sudden closure of the glottis.

Query.—Wherein does the above case differ from those of malignant erysipelas, so graphically described by well-known authors, starting from an initial irritated point, and proving suddenly fatal? If it should be styled true malignant pustule, it is rather a striking coincidence that a disease, about which we hear so little,

should have so frequently been met with in the precincts of Rhode Island during the present season. J. JAMES ELLIS, M.D.

Bristol, R. I., October 3, 1859.

EMPHYSEMA AND DEATH AFTER A BAYONET WOUND.

[Communicated for the Boston Medical and Surgical Journal.]

THE case of Charles W. Banks, who was injured by a bayonet on the 30th of August, at the "Seymour reception" in Hartford, presents an aspect in a medical point of view of very great interest. As the whole affair was of more than usual public importance, and we have so much testimony, published and unpublished, upon the subject, it will not be deemed improper that we should sum up the evidence, adding whatever reliable information we have been able to obtain, for the purpose of developing the truth, and give the result thereof.

The wound was inflicted on the right side, about six inches from the spine, its external orifice being over the 9th rib, the puncture extending from this point obliquely over the 8th, and penetrating between the 8th and 7th, having a length of an inch and a half or two thirds. The external wound on the dead body was five eighths of an inch in length; the internal, not easily discoverable, was at any rate extremely small. Half an hour after the infliction of the injury, the wound, as seen at Hartford by Dr. Ellsworth, appeared about three eighths of an inch in length and breadth, the hole being star-shaped, with a triangular and clear incision. Its depth, owing to its peculiar character, could not be accurately determined. The loss of blood was extremely small. There was no emphysema, nor did auscultation or percussion, carefully performed, detect any internal lesion; and there was neither cough, bloody expectoration, nor difficult breathing. Banks left, for his residence in Bridgeport, in the afternoon train of cars. At Meriden he found himself in so much pain, and symptoms, to him unusual, appearing, he became alarmed, stopped at that station, and sent again for a physician.

On the examination then made, a probe was supposed to have been passed a considerable distance into the chest, and of course a hole was believed to exist through the parietes; there was some bleeding, and emphysema to the extent of four or five inches diameter around the orifice, covering a space about the size of the hand, perhaps a trifle more. Mr. Banks was visited by Dr. Jewett, of New Haven, Professor of Obstetrics, who acted throughout the case as counsel.

At the request of gentlemen interested for Banks, Dr. Ellsworth, of Hartford, visited the patient on Thursday, just forty-eight hours after the injury was received. This was the last time the invalid was seen by Dr. Ellsworth, so far as the testimony goes to

show. Dr. Ellsworth insisted, throughout, that the lung was uninjured, while the Meriden gentlemen, Drs. Catlin and Churchill, with their counsel Dr. Jewett, who managed the case, insisted that it was, causing, as we propose to show, a most fatal error.

The first examination by auscultation at Meriden, so far as it appears, was on Wednesday, when Dr. Catlin says he found symptoms of disease of the lung. Dr. Ellsworth auscultated on Thursday noon, the day after, and found a perfectly clear and healthy respiratory murmur over the whole right (injured) side, and nothing to indicate more disease of the right than the left lung; percussion was equally resonant over each, except that on the lower part of the left it was a little more tympanitic, owing to flatus in the stomach which Mr. B. was freely belching; there had been no cough or bloody sputa; the pulse was 120, without any peculiar indices of prostration; breathing was rather hurried, but the patient was easier, owing to copious alvine evacuations and emesis. The slight emphysema had disappeared, without incisions. It was stated by the medical attendants that Banks had, from his arrival in Meriden, been greatly troubled in his bowels, had taken a dose of physic before leaving home, which had not operated, and had, in addition, overloaded his stomach with indigestible food just prior to the accident. Banks complained more of his bowels for some three days than he did of the wound, and was only relieved by the operation of physic. On Friday he was bled, and again on Saturday. On Sunday, the sixth day, he died, as we shall show, by suffocation.

Whether the bayonet actually punctured the thorax, making a perforation, is not proved, though it is supposed so to have done by the examiners at the autopsy. At this, fortunately, Dr. Knight was present. His careful dissection and well-known uprightness give us a reliable clue to the truth. Nevertheless, even Prof. Knight might and probably would be biased in favor of the opinions of those with whom he was more or less associated; yet his testimony developed facts showing there had been a great error somewhere. There was found, in the right cavity of the chest, considerable air, at least three pints of "a dark-colored, offensive fluid"; the lung was pressed back against the spine, and not much larger than the hand, all its air squeezed out, but *free from wound and "very nearly healthy,"* in fact perfectly so. Much serum was in the pericardium, and in short all the phenomena presented themselves that are always found in asphyxia from empyema, and the lung with the appearance and pathological condition present in such cases if healthy. If this was so, where are the proofs of inflammation of the lungs detected by Dr. Catlin on Wednesday? inflamed lung cannot be compressed as this was.

We propose to show that Banks, if he did not actually lose his life by a neglect of the ordinary rules of surgery, certainly lost his only chance, according to our belief, and all authority, by *that*

omission. If, however, the unfortunate man unnecessarily perished, his death will be productive of much good, if surgeons will take the lesson to heart and learn what it teaches.

When the patient was visited by Dr. Ellsworth on Thursday noon, three days before his decease, the opinion given by Dr. E. from that examination, and repeated to the officers of the guard at that time, was, that the lung was sound, that it was then freely permeable to air, that unless inflammation was checked, effusion would rapidly take place, say within three or four days, from *pleurisy*, and that unless this was *evacuated*, death from *that* cause must inevitably ensue, while if done, recovery was probable. But if paracentesis was not practised, or the re-opening of the wound, the chest would be found, after death, full of fluid, the lung collapsed and pressed against the spine, free from wound, and probably also from inflammation—in fact, just as happened. To impress the importance of watching the effusion, upon the minds of the gentlemen, Dr. E. read to them an extract from Guthrie's "Military Surgery," so that it might be impossible not to know the correct method of procedure. We quote the passage, for the benefit of those of the profession who may not possess the volume. Guthrie was Staff Surgeon in the Peninsular War, and his authority in these matters is unsurpassed. In speaking of punctured wounds of the chest and those made by small balls, which in an important particular are of a similar nature, he says, on page 451:—

"In cases in which the external opening or wound does not communicate freely with the cavity of the chest, the principal danger arises from the inflammation of the pleura ending in effusion, which, if not evacuated, leads to the loss of the individual. *It is the great fact to be attended to in the treatment of pistol wounds of the chest, or those made by small balls which do not pass out.* All the persons I have seen die from small balls have died with the cavity more or less full of fluid. The *post-mortem* reports of all persons killed in England in duels by wounds through the chest, unwittingly attest this fact, as well as the insufficiency of the surgical treatment they received, and the necessity, for the future, of its amendment. It is in these cases that the stethoscope is most valuable—its frequent use indispensable. When the respiratory murmur ceases to be heard, except at what is the upper part of the chest, whatever the position of the patient may be, it is full time to enlarge the original opening, or to draw off the fluid by the trocar and canula."

Could anything have been more appropriate to the subject? Could any foresight have proved more prophetic?

Now what are the facts as regards the case under consideration? From the testimony published, there does not appear a word indicating that the existence of a fluid was detected before death, and we do not believe any attempt will be made to show that it was. Blinded by the idea of a huge bayonet hole in the lung, attention was addressed to this alone. There is most satisfactory proof that the case was considered and treated by the Meriden gentlemen and the New Haven counsel as hepatized lung; the published testimony is alone sufficient to prove this. The removal of the

fluid by paracentesis was unquestionably prevented by the idea that the lung filled the chest, and that the dulness on percussion was proof of solidification and not of fluid. But even had pneumonia existed with large effusion, under these circumstances, the treatment should have been the same as in pleurisy alone, so far as regards that effusion. In the vicinity of Hartford there is but one opinion among medical men who have studied the evidence as to this oversight, and that is as I now state.

In reply to the question, "Might not the liquid have been drawn off?" Dr. Knight said that it could, but thought the patient would have probably died any way. It must be remembered that Dr. Knight did not see the patient while living, at least so far as there is testimony, and the corpse only some time after death; and looking into a decomposing dead body is not always the best way of settling that question. If Banks was able to bear a bleeding on Friday, and again on Saturday, the day before his death, he certainly could have borne paracentesis better, and with greater certainty of benefit. The very fact of extreme danger, and of complications, rendered puncture by the trocar peculiarly necessary. There was near half a gallon of very offensive liquid and much foetid gas in the chest, completely annihilating the right lung for purposes of respiration; the effusion into the pericardium greatly diminished the capacity of the left, and this, originally the smallest of the two, was further diminished by pressure in that direction on the mediastinum, so that it could not have had much more than half its usual capacity. Banks therefore breathed with half of one lung. Can any one say that this load ought not to have been removed for fear the patient might possibly die of something else? and this, too, when the wound was peculiarly well situated for reopening? All surgery utters but one voice, and that an imperative one; remove the pressure, whether gas or fluid.

But the question of paracentesis was not debated, for the evidence is clear that there was no recognition of the existence of fluid at the very moment when death was resulting therefrom. Does not its omission, under the circumstances, itself speak volumes? Authority is so strong in its favor, and it was here so peculiarly necessary, that its neglect absolutely implies oversight, or fear of the operation; and we cannot bring ourselves to believe that it was the latter. Further evidence of the fact exists, which it is not necessary now to present. This neglect occurred in spite of the most urgent advice to guard against the fatal effusion.

Drs. Catlin and Churchill founded the opinion that the lung was wounded, on the existence of emphysema, not appearing to be aware that it could possibly occur without injury of the lung; as the former gentleman said, "I know of no other way that it can be satisfactorily accounted for." Dr. Knight, also, thought there must have been a wound of the lung because of the emphysema, though he admitted it could not be found, "and if existing at all, must be very small." Now a knowledge of anatomy and pneumatics will

show any one the incorrectness of this opinion; but authors most expressly declare not only the *possibility* of emphysema without perforation of lung, but have written long articles upon that very form. I would refer to Chelius, Samuel Cooper, and the Encyclopædia of Medicine, the two latter speaking quite at length. Chelius clearly distinguishes that which occurs without a wound of the lung by the fact that *it is not diffuse*, but confined to the neighborhood of the wound, while in case of pulmonary rupture the air spreads to a great extent. Now the witnesses state that in Banks's case the emphysema spread over a space about the size of the hand, while the wound was of all injuries one most likely to have been followed by frightful emphysema had there been any escape from the lungs, as the very valvular wound presented the best possible condition to favor such effusion. Therefore the moderate emphysema, so far from *proving* injury of the lung, actually disproves it. But more than this; if one will thrust a bayonet two inches obliquely into a dead body in exactly the position of Banks's wound, avoiding perforation of the intercostal muscles, and open the orifice by the probe, for a few moments, as in examining a wound, although the parietes are not perforated at all, he will nevertheless find an emphysema in ten minutes, which will surprise him, if not posted in the matter, and convince him, until dissection has proved the contrary, that the chest is opened. *The emphysema will be found as great as that reported in Banks's case.* I go now further, and say, that it is by no means certain that Banks's chest was even perforated into its cavity by the bayonet. A careful examination, soon after the accident, and as thorough as the case warranted, did not prove any such thing. Dr. Knight could not penetrate the thorax, although the external wound was much larger than during life, "without using violence;" how, then, could one less expert than the veteran Knight succeed, and under much less favorable circumstances? *Was violence used?* Erichsen says that in such explorations with the probe, the utmost caution must be observed, lest the very condition be produced which is feared, viz., a perforating wound. Small as the internal wound was found in this case, might it not have appeared larger from ulceration, as evidently was true of the external orifice? Might not Banks have been compelled to stop at Meriden quite as much on account of the distress produced by the undigested load on his stomach, as the injury? Practical surgeons well know how a physical or mental shock, when the stomach is full, will often produce extreme agony until relief comes by vomiting. The Meriden gentlemen say that the stomach and bowels gave them the *most trouble*, and the patient *most pain*, for some days; much more than the wound. How, then, does it certainly appear that the bayonet and not the probe was the offending instrument? The trifling emphysema does not prove it, nor the hæmorrhage, nor the pain. The attending physicians were most certainly deceived as to the condition of lung and the immediate

cause of death, as the post-mortem conclusively showed; and may they not equally have been deceived as to the depth of the wound? This is highly probable, since they informed Dr. E. that they had passed a probe *two inches into the lung!* If so, why could not such a hole be found? If the bayonet made one, several inches deep, in that organ, the fact would have been very apparent. Who, then, punctured the thorax, remains an open and interesting question. It may be it was done by one of Colt's guard, or it may be it was somebody else; but whoever did it, no jury, on an investigation of the case, would have punished Wilson, the prisoner, for it, even had he been known to have made the thrust. However that may be, whether in this case the probe made the hole, or the bayonet; whether the thorax and lung were wounded, or the parietes alone, there is one universal and absolute rule, viz., where rapid effusion with or without pulmonary complication exists, if that collection by pressure interferes with vital functions, it must be removed; life will surely pay the forfeit of neglect.

The object of writing this article is to impress on medical men the necessity, in small perforating wounds of the chest, of examining carefully, by auscultation and percussion, at frequent intervals, since effusion may take place to a fatal extent in twenty-four or thirty-six hours. Guthrie says this is *the* great danger. Had the hole in Banks's side been made by an ounce bullet, the danger would not have been as great, in view of the omission, since effusion could hardly have occurred and not been discharged through so large an orifice. This effusion was plainly foretold in the case of Banks, and the danger urged upon the attendants from the very fact of the *smallness* of the wound. What makes the matter still worse, is, that the friends of the prisoner and the officers of the guard requested to be informed if Banks's symptoms grew worse, that they might add other advice in the matter, yet it was not done, though the medical attendants knew that not improbably the life of the prisoner depended on their management. Was this honorable? Or has it not rather proved to have been as unfortunate as unwise? No friend of the prisoner was permitted to know of the autopsy, or even the death of Banks, by any message from Meriden, though such information was especially desired, should the patient die. None but those with certain preconceived ideas were permitted to look within the body. Was it not feared that post-mortem appearances might overthrow ante-mortem opinions?

Having thus accomplished our object, viz., to press the great surgical fact upon the attention of the profession which is so faithfully and earnestly presented by Guthrie, we leave the subject, prepared, however, to enter more fully upon an analysis of this case, should circumstances render it necessary.

A MEMBER OF THE MASS. MEDICAL SOCIETY.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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 BOSTON, OCTOBER 13, 1859.
 

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**IMPORTANCE OF DIAGNOSIS IN WOUNDS OF THE CHEST.**—The case of wound of the thorax, which is reported in our present number, comes to us from an authentic source, and is of unusual interest, as showing the vital importance of a correct diagnosis in lesions of the chest. We have had no opportunity of reading the testimony on the other side, but if the facts are such as are given by our correspondent, the conclusions which he draws from them seem to us correct—so far as the cause of death is concerned. It is stated that on Wednesday Dr. CARLIN found, by auscultation, symptoms of disease of the lung. Unfortunately, we are not told what the physical signs were which gave rise to such an opinion. On the following day, Dr. ELLSWORTH found healthy respiratory murmur over the whole of the injured chest, and no difference of percussion between the two sides. The autopsy showed that there was effusion of air and fluid into the pleura, which must have come on subsequently to this examination, and which was anticipated by Dr. Ellsworth. Between Thursday and Sunday, therefore, there must have been signs of hydro-pneumo-thorax, and as these signs are usually unmistakable, it appears remarkable, with our present light upon the subject, that they should have been overlooked. We have no personal acquaintance with any of the parties concerned, have no partialities toward either, and only judge of the facts as represented by our correspondent. It is impossible to say whether puncturing the chest would have saved the life of the patient, but, as the case is now represented, it was obviously his only chance.

We are inclined to believe that the lung was wounded, because a considerable quantity of air was found in the chest; more than would be likely to be caused by so very oblique a wound through the thoracic parietes. Whether the air came from the lung or was introduced from without, it seems probable that the efforts of the patient in vomiting may have essentially contributed to its presence in the pleural cavity.

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**SUBCUTANEOUS INJECTIONS OF MEDICINES.**—The injection of the salts of morphia, and other medicines, into the cellular tissue, in cases of neuralgia, seems to be all the rage at the present day; and from the enthusiasm with which this method is spoken of, both in the profession, and especially among the laity, there is danger that a reaction may occur, which will for a time cast into the shade a really valuable means of controlling this painful disease. There can be no question of its success in cases where all the ordinary internal treatment has been perseveringly and judiciously tried, but it not unfrequently fails, partly from being employed in cases for which it is not suitable, but sometimes without known cause. We are glad to see that the subject of subcutaneous injections of medicines in general, and especially of quinine in intermittent fever, will make the subject of a report before the American Medical Association, at the next annual meeting, in June, 1860, by Dr. IGNATIUS LANGER, of Davenport, Scott Co., Iowa, who invites the coöperation of the profession in the preparation of his paper. We can assure our readers that Dr. Langer is capable of doing justice to this important subject, and we hope that all who have had any experience with this mode of treatment will communicate the results to him.

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**ARMY AND NAVY DENTISTS.**—We learn from the *American Journal of Dental Science* that the subject of the organization of a corps of army dental surgeons is in contemplation at Washington. Dr. MAYNARD has been for a long time urging upon government the importance of dental surgeons in the army and navy, and had so far impressed President Fillmore in favor of their appointment, that he brought it before the Cabinet in council. The Surgeon-General of the Army and the Secretary of the Navy are both in favor of this very sensible and humane suggestion.

**SWALLOWING PINS AND NEEDLES.**—At a meeting of the Buffalo Medical Association, Dr. STORCK reported the case of a girl, 12 years of age, who passed from the bowels nineteen pins and five needles in the course of four days, and who confessed that she had been in the habit of swallowing them for about three months, in order to get sick so that she might not be obliged to leave home and work out. One pin stuck in the throat, and gave some trouble, and the girl suffered occasional colicky pain, and had much swelling and tenderness of the abdomen, but there were no marked constitutional symptoms.

**TRANSVERSE FRACTURE OF THE FEMUR.**—We stated, in our last number, that a "transverse fracture of the shaft of the femur never occurs." We desire to correct that statement, having seen two specimens of this kind of fracture in the museum of the Massachusetts Medical College. We believe, however, that it is extremely rare.

**AMERICAN MEDICAL ASSOCIATION.**—We are requested to state that Dr. STEPHEN G. HUBBARD, of New Haven, has been appointed, by President Miller, *Junior Secretary* of the American Medical Association, *vice* Dr. ELI IVES, resigned. Dr. Ives was rather advanced for a *junior* secretary, though only 81 years old! Dr. N. B. Ives was doubtless intended, but the state of his health is such as to preclude him from accepting the office. There is every reason to anticipate a full meeting at New Haven. There will doubtless be a large delegation from Boston, and from this State generally.

**MEDICAL SCHOOL OF MAINE.** *Messrs. Editors.*—In violation of the unanimous feeling and sentiment of the medical profession of this State, on whose good will and favor the support and existence of the Medical School of Maine depends, the Trustees of the School have accepted the grant by the Legislature to this institution.

In view, therefore, of the obnoxious conditions contained in this grant, and the ill feeling engendered by its acceptance—your inquiry "how can a medical school refuse to admit a student because he has studied with this or that practitioner?" is, unquestionably, the starting point of a proper examination and correct understanding of the whole subject matter of the requirements of schools, the rights and privileges of students, and the relations of practitioners to both.

At present, I have neither time nor inclination to go further than to call your attention to the requirements of the following schools on this point.

At the Maine Medical School, the candidate "must have devoted three years to professional studies under the direction of a regular practitioner of medicine." At Dartmouth College, N. H., "the candidate must have studied medicine three full years with a regular practitioner." At the Massachusetts Medical College, Boston, the statutes require that "the student shall have studied three full years with a regular practitioner." At the College of Physicians and Surgeons, New York, the candidate must have "studied medicine three years, under the direction of a regular physician." At the University of Buffalo, N. Y., "satisfactory evidence must be presented of his having studied medicine, for three years, under the tuition of a respectable and regular practitioner."

Cumulative testimony is unnecessary in medicine as in law. We need go no farther, then, for the precise requirements of the schools. Our chief interest is with the meaning of the term *regular* practitioner, as identified and recognized by the *regular* schools. The Medical School of Maine is one of these—how, then, can it admit a candidate who has studied with an irregular practitioner? Will it do this in open, unmistakable violation to its own laws, because of the apparent advantages to be derived from the paltry grant of a few acres of land in the wilds of this State? Time will develop what Professors Peaslee, Sweetser, Lee, Conant, Chadwick and Tenney have to say on this matter, and their action upon it will determine the continued existence and prosperity, or the exhaustion, sinking and death of the School.

HUFELAND.

**AMPUTATION AT THE HIP-JOINT.**—This operation was successfully performed by Prof. Buchanan, at the State Hospital, on the 14th ult. The subject of it,

Master James Monroe Wilson, an intelligent and heroic little fellow of fourteen summers, is now out of danger, and has not swallowed a particle of medicine since the operation. The femur was nearly destroyed by necrosis, involving both trochanters, and the shaft had been eaten entirely through by ulceration, several days before the operation.—*Nashville Journal of Medicine and Surgery*.

REMEDY FOR THE BITE OF MAD DOGS.—A Saxon forester, named Gastell, now of the venerable age of 82, unwilling to take to the grave with him a secret of so much importance, has made public in the *Leipsic Journal* the means which he has used for fifty years, and wherewith he affirms he has rescued many human beings and cattle from the fearful death of hydrophobia. Take immediately warm vinegar or tepid water, wash the wound clean therewith, and then dry it: then pour upon the wound a few drops of hydrochloric acid, because mineral acids destroy the poison of the saliva.—*London Medical Circular*.

THE CHOLERA is said to be spreading along the shores of the Baltic. Its presence in Dantzic is officially acknowledged, as well as in Osnabruck and Elberfeld, and it is reported to have made considerable ravages in Hamburg.—*Ibid*.

APPOINTMENTS.—Dr. Robert Kells has been appointed Superintendent of the Mississippi State Lunatic Asylum at Jackson, in the room of Dr. W. B. Williams, who resigned.—Dr. W. P. Williams, formerly of Maryland, has received the appointment of Quarantine Physician to the port of New Orleans.

Thirty or more cases of smallpox have recently occurred in Salem—all, it is said, traceable to one case, and that contracted while the individual was riding in the cars.—Dr. T. G. Morton, of Philadelphia, has been appointed one of the Attending Surgeons of the Wills Hospital in that city.—The death of Mrs. Klein, of New York, is reported as having taken place from the use of chloroform for the toothache. A few pennies worth was purchased at night, and in the morning she was found dead.—A spirited discussion on yellow fever and quarantine took place at the last meeting of the New York Academy of Medicine, on Wednesday evening, Oct. 5th.—Prof. Paul F. Eve, of Nashville, has just returned from an extensive tour in Europe. Many interesting letters from him have been published in the Nashville Medical Journal during his absence.

HEALTH OF THE CITY.—The mortality of the past week was exactly divided between the two sexes. As usual at this season, phthisis asserts its supremacy among the fatal diseases. We notice 7 deaths from cholera infantum, 5 from diarrhoea, 4 from old age, 2 from smallpox, 2 from typhoid fever, and 1 from dysentery. Nearly half the number of deaths were of subjects under 5 years of age, and there were 21 deaths of those between 20 and 40. Of the deaths from old age, one was of a male aged 88 years, and 3 were of females aged 81, 83 and 90 years. The whole number of deaths during the corresponding week of 1858 was 65, of which 17 were from consumption, 2 from cholera infantum, none from diarrhoea, none from smallpox, 2 from old age, and 6 from dysentery.

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*Communications Received.*—On the Use of Potash in some Cutaneous Diseases.

*Books and Pamphlets Received.*—Physician's Hand-Book of Practice for 1860.—Introduction to Practical Pharmacy. By Edward Parrish.—Practical Treatise on the Diagnosis, Pathology and Treatment of Diseases of the Heart. By Austin Flint, M.D., &c. (From the Publishers.)

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MARRIED.—In Philadelphia, Oct. 1st, Dr. Owen Wistar to Miss Sarah Butler.

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DIED.—In Davenport, Iowa, Oliver H. Butler, M.D., 24.

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*Deaths in Boston* for the week ending Saturday noon, October 8th, 86. Males, 43—Females, 43.—Apoplexy, 1—inflammation of the bowels, 2—ulceration of the bowels, 1—inflammation of the brain, 3—congestion of the brain, 1—disease of the brain, 1—burns, 1—cancer, 1—cholera infantum, 7—consumption, 18—convulsions, 1—cyanosis, 1—dysentery, 1—diarrhoea, 5—dropsy, 1—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 3—puerperal disease, 1—bilious fever, 1—scarlet fever, 1—typhoid fever, 2—gravel, 1—disease of the heart, 3—intemperance, 1—inflammation of the lungs, 1—disease of the liver, 1—marasmus, 2—old age, 4—palsy, 2—pericarditis, 1—disease of the spine, 1—scrofula, 1—smallpox, 2—ulceration of the throat, 1—teething, 3—thrush, 2—unknown, 2—whooping cough, 1.

Under 5 years, 41—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 62—Ireland, 21—other places, 3.



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## ON THE USE OF POTASH IN SOME CUTANEOUS DISEASES.

[Read before the Boston Society for Medical Observation, October 2d, 1859, and communicated for the Boston Medical and Surgical Journal.]

BY JAMES C. WHITE, M.D.

It may be seen by the microscope that a drop of a solution of an alkali, when in contact with animal tissues, causes their solution and disappearance. The same effect is produced if we apply caustic potash to the living skin, the fatty tissues being saponified, and the albuminoid principles forming also definite chemical compounds, which are soluble in the excess of serous fluid poured out under the influence of this stimulant. Hence its caustic properties, so valuable when portions of living tissue are to be destroyed, and the knife may not be used. Of potash, however, in its dry form, or as Vienna paste, we do not intend to speak, but to consider its use in solution, by which the severity of its action may be exactly controlled and delicately graduated, or in the form of *sapo viridis* applied externally in the treatment of certain affections of the skin.

The application of the stronger solutions of potash, one part to two of water for instance, to the living skin, acts as a proper caustic, destroying the superficial layers of epidermis, and producing an abundant liberation of fluid in which the albuminate of potash and soapy matter are found dissolved. The skin, under its action, looks as if its sweat-glands were working vigorously, like the forehead on a summer's day. This same drastic action of many of the potash salts on the mucous membrane, explains their cathartic and diuretic effect when given internally. The lymph, which is poured out over the raw surface, soon hardens and forms a thin pellicle like collodion, beneath which granulation goes on, protected from the free air. The weaker solutions and the soap fortunately do not act vigorously upon the healthy skin, but in a most discriminating manner affect the dried and diseased tissues.

*Sapo viridis*, or schmier-seife, plays a most important part in the treatment of cutaneous diseases in Germany, in hospital and private practice. Especially does Hebra, professor in the department of cutaneous diseases in the Vienna School, and who is about

to publish a work on their pathology and treatment, which in point of magnificence and extent will far surpass any medical work ever published, especially does Hebra show its efficacy in many of the many cases which make his clinique so celebrated. It is prepared by boiling fish or other animal oils with an excess of lye composed of caustic potash and the crude carbonate. It varies in color and purity, according to the ingredients and mode employed in its manufacture, and as found in commerce is often of a dark green or black color. The present specimen, obtained of L. Babo, German apothecary, 311 Tremont Street, is a first-rate article, and contains no free potash, which secures its even action upon the skin, and prevents the excoriations which sometimes follow the violent inunction of this remedy when the alkali exists in an uncombined state. The best preparations have a bright amber or green color, a uniformly soft consistence, and a strong odor of potash. Rubbed upon the healthy skin, it produces a slight reddening only, but if the friction be continued a long time and vigorously pushed, excoriations and various eruptive appearances (as miliaria, urticaria and eczema) may present themselves.

The affections of the skin in which these alkaline preparations are most useful, are the following: molluscum contagiosum, or seborrhœa; acne; eczema; scabies; prurigo; psoriasis; pityriasis versicolor. When the openings of the sebaceous glands are stopped, we very often find a plug of sebæum distending the duct and mouth, which, acting as a foreign body, produces inflammation of the gland and surrounding skin. This is followed by degeneration of the follicles, and forms the disease called seborrhœa, or strophulus albidus of Willan. These comedones are most often met with on the nose, and affect principally persons of a gross habit. Not unfrequently many such diseased follicles unite to form a single tumor, from which exudes a milky fluid. This is the molluscum contagiosum of some writers, and is best treated by snipping off its head, pressing out the contents of each sac, and applying a solution of potash one part, water two parts. When a great number of comedones, or black points, exist on the face or elsewhere, a steam-bath should be first taken, and subsequently the surface be smeared with the soap or washed with a solution of potash in glycerine. In this way the sebaceous matter is removed, and the skin may, by the after use of a wash of ether, alcohol and sulphur, be restored to its natural state.

Acne disseminata, which is an inflammation of the hair follicles, is generally caused by the formation of comedones, which, if not emptied, produce suppuration, and subsequent scars. The treatment must, therefore, be first directed to the removal of the comedones, which is best done by a wash of one part of potash to eight parts of water, or by use of the soap. Afterward, the sulphur lotion above mentioned may be used over night, and washed off

the following morning with the potash solution. When the eruption is extensive, we may rub in this soap, and leave it as a fomentation two or three days. When by this means the epidermis has been removed, the sulphur preparation should be applied.

Against *prurigo*, which is an incurable disease, returning always in the same individual, though often driven away by treatment, external applications are our only offensive weapons, and among these schmier-seife is perhaps the most reliable. It should be rubbed into the affected portions of the skin the first three days of the week twice daily, and be allowed to remain in contact, without washing away, the remaining four. This method, in connection on alternate weeks with daily morning dressings of cold water and cold baths, if continued for months will be found by far the most effectual in banishing this distressing disorder.

In *psoriasis*, also, either this same mode of treatment is adopted by Hebra, or the use of the soap combined with applications of some form of tar, and with most excellent results. The internal administration of arsenic or cantharides he considers of questionable advantage.

It is in the treatment of *eczema*, however, in its varied forms, that the curative effect of applications of potash is most marked, and the mode of their employment is very simple. Of these, the following solutions are those generally used in the Vienna Klinik, which has done so much to simplify the treatment and classification of cutaneous diseases.

No. 1. Potassa pura  $\mathfrak{z}$  i., aqua Oi., as bath or fomentation.

No. 2. Potassa pura  $\mathfrak{z}$  i., aqua  $\mathfrak{z}$  ss., for circumscribed patches.

No. 3. Potassa pura  $\mathfrak{z}$  i., aqua  $\mathfrak{z}$  ij., a caustic application.

In addition, potash in the form of schmier-seife and spiritus saponatus. Selection from these is made according to the extent and nature of the case. The two forms of *eczema rubrum* and *eczema squamosum*, into which the primary and acute stages generally run, are those which present themselves after the removal of the crusts, which is the first step in the treatment. This is easily effected by the application of warm oil and spiritus saponatus. We then for the first time can ascertain the condition of the skin, which is the seat of the disease. If the cutis is much thickened by exudation, as we find by lifting a fold, the severer remedies must be chosen. The excessive vascularity and enlargement of the capillaries, which cause the redness, heat, swelling and large effusion in *eczema rubrum*, must first be overcome by the constant application of cold water, either in form of fomentation or douche. Then solution No. 2 should be applied once or twice, by means of a hair pencil, or the soap be substituted thrice a day; using at the same time cold water to heal the excoriation they may perchance cause. *Eczema* on the face must often be treated by the caustic solution No. 3, quenching the subsequent reaction by cold water. Scars never follow its use. If the disease affect the

whole surface of the limbs or body, it may be treated by saturating flannels with schmier-seife and applying them, covered with gutta percha cloth, to the patches. These should be removed twice daily for the first few days, after which they may be suffered to remain in contact for three or four days. This plan is to be continued till cure results, unless excoriations show themselves, in which case the cold water applications must resumed. In the dry, scaly form, *eczema squamosum*, preparations of tar are used with great benefit in most cases to hasten the desired end, and among these are the *oleum cadini*, or oil of cade, and the *oleum fagi*, which is the Russian tanning oil. These should be applied diluted with alcohol, and laid on very thin, for on the skin of some persons they may of themselves excite an *eczema*. Tar, when applied to the whole surface of the body, often causes strange symptoms, as vomiting of black matter, black urine and black diarrhoea; these secretions containing tar unchanged. Relapses may, it is true, follow this treatment, as they do any other, but it prevents the recurrence of the disease as effectually, and works more rapidly, than all others. Chronic *eczema* of the scalp, for instance, which so often baffles the empirical attempts of a physician for months, may in this manner be cured in as many days, and this without the aid of internal medicine.

There is a saying, common in Germany, that the schmier-seife is for the itch what the comb is for the louse; and all over its densely-populated soil, where the system of crowded barracks and wandering journeymen makes *scabies* as common among the lower classes as it once was here, this is the remedy used in its treatment, both in hospital and household. Upon its ready action are based the many quick cures, which boast to kill the disease in three or four hours. These methods, however, are not advisable, for often relapses follow, and *eczema* and excoriations are produced, which are far more difficult to heal than the original disease. The well-known plan adopted by Hebra is the following. The patient takes a warm bath, rubs thoroughly every part affected with a coarse flannel cloth saturated with schmier-seife, and, after washing off, smears the same parts with one of the following ointments or tinctures. This process is to be repeated every evening till itching ceases. Three baths are all that are generally allowed, else the skin becomes too much macerated and easily inflamed. Four days are usually sufficient to cure very bad cases even, and the circumscribed ravages of the animal may be stopped at once. The *eczema*, papules and pustules, which the parasites indirectly cause, are often not so easily dealt with, and require an after-treatment of their own. The following is the "Vienna Salve": Sapo virid., axungia, each 3 parts; flor. sulph., pix liquida, each 1½ parts; creta alb., 1 part. M. Hebra's own ointment is of similar composition:—Flowers of sulphur, oil of beech or of cade, each ʒvi.; schmier-seife, fat, each ʒxvi. M. Chalk is

added when necessary, to remove the epithelium more rapidly, as with soldiers or the great unwashed. In cases where fat cannot be used, he recommends the substitution of alcohol in the same amount. Either of these preparations may be used in connection with the soap, and the result of such treatment will be fully satisfactory to every one who may try it. The alkaline soap, when applied to a burrow, produces at once an exudation into the same, which causes its immediate recognition. Its later effects are to dissolve the epithelium, and allow the sulphur to work directly upon the animals. The tar, or beech and juniper oils, are added to prevent the generation of excoriation or eczema by the excess of alkali and friction.

Whatever may be said about the ætiology of other cutaneous diseases in which vegetable parasites are detected, it is positively certain that pityriasis versicolor is caused by the fungus called *microsporon furfur*. This is no place to go into any description of the disease, or to state how it differs from *chloasmata*, with which it is often confounded. No two diseases, however, are more distinct. The intolerable itching which betrays the presence of the fungus, will cease at the death of the plant, which is easily caused in a short time by daily inunction with *schmier-seife*. Its effect upon the patches is wonderful.

It has been my object thus to show how valuable and general a remedy we have in this soap, and to endeavor to introduce it to the profession as an instrument both cheap and cleanly, and of sure promise, certainly a long-looked-for desideratum in this class of diseases.

## RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE, AND UPON THE TUBO-OVARIAN MUSCULAR APPARATUS, IN THEIR RELATIONS TO OVULATION AND MENSTRUATION.

BY DR. CHARLES ROUGET, ADJUNCT PROFESSOR IN THE FACULTY OF  
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[Translated for the Boston Medical and Surgical Journal, by WILLIAM REED, M.D.]

THE organs of copulation in both sexes of the mammalia, under certain conditions, present changes of form, of size, and sometimes of position, owing to the distension, by the blood, of vascular canals which are usually empty or only partially filled. The organs which are the seat of this singular phenomenon are characterized by a structure apparently peculiar to them, and the existence of erectile apparatus is the anatomical condition essential for the manifestation of erection. These propositions, to a certain extent admitted, are nevertheless necessary, to define the exact condition of our knowledge upon the subject of these researches. In reality, erection, turgescence, and sanguineous congestion, are terms which the majority of physiologists use indiscriminately, each for the other,

unmindful that while all portions of the circulatory system can become congested, those only which have the peculiar anatomical structure of the corpus spongiosum or cavernosum, can go on to erection. It is in this way that they usually explain certain movements of the Fallopian tube, by the *turgescence* or *erection* of this organ, in which for good reasons the existence of vascular erectile formations has never been demonstrated. On the other hand, anatomists, of undoubted ability moreover, forgetting that erectile corpora cavernosa are not exclusively formed by a union of larger or smaller veins, numerous and frequently anastomosing, have described or pointed out as erectile organs, vascular tissues in which they could demonstrate nothing except venous plexuses more or less perfect.

The work of Kobelt, otherwise admirable in its details, is marred as to its completeness by a capital defect which I mention here. He attaches but little importance to the particular disposition of the terminal branches of the arteries of the corpus cavernosum, and makes no mention at all of the muscular texture of the trabecules,\* of the corpus cavernosum and spongiosum; so that in his estimation the organs of copulation are nothing else than venous plexuses, covered at the glans by a mucons membrane endowed with peculiar sensibility, and overlaid at the bulb and the roots of the corpora cavernosa, by constrictor muscles which play the rôle of accessory venous hearts (*cœur genital*). Moreover he does not hesitate, on the sole ground of the fulness of the venous plexuses of the vagina and the uterus, to admit that the vagina is erectile, and that the erection can extend to the uterine venous sinuses, and perhaps still farther even. If these assertions approximate the truth in some respects, they are far from it in many others; moreover, not being grounded upon experiment or exact anatomical demonstration, they constitute nothing but a happy hypothesis.

In another work (*Recherches sur le type des Organes Genitaux, etc. Theses de Paris, 1858*), taking as an illustration the corpus spongiosum of the urethra, and the bulbs of the vestibule, I have undertaken to establish the fact that there is no special erectile tissue, but only erectile organs and apparatus, and that for the same reason that the corpus spongiosum of the urethra is nothing more than the muscular tunic of that canal, distorted to a degree by the extraordinary development of its vessels; for the same reason, also, no organ is erectile, in reality, except a muscular organ in which the blood conveyed to it by the arteries can be temporarily retained in the capillaries or veins transformed into cavernous sinuses or retiform plexuses.† In some mammifers we see erectile formations partially developed in certain parts of the

\* *Trabecule*; a term used to denominate the processes or fleshy parts of the corpora cavernosa or corpus spongiosum which surround the areolar spaces.

† The framework of the corpora cavernosa of the penis and the clitoris is, moreover, essentially muscular, and is nothing but an appendage to the muscular envelope of the sexual canal.

muscular envelopes of the genital organs, whilst in others they are wanting, or are atrophied; in the rabbit, for instance, where the apparatus for copulation is formed so exactly upon the same type in both sexes, the glans is represented by certain convoluted vessels only, which spring from the anterior extremity of the corpora cavernosa; at the same time, the bulb of the urethra and the bulb of the vestibule, the genital heart of Kobelt, are completely wanting; but as a compensation, the corpus spongiosum is prolonged, without any line of demarcation, into the muscular tunic of the pelvic portion of the urethra, and expands about the neck of the bladder and the prostatic portion, in a kind of annular enlargement; moreover, in the female, the bulbs of the vestibule are replaced by a general erectile development of the vessels of the muscular tunic of the vestibule, and those of the muscular tunic of the vagina, as far even as the point where the neck and the lower part of the bladder are reflected toward its anterior wall. Do we not see in the Gallinaceæ, folds of skin, abounding in muscular fibres, like the skin of the scrotum, become erectile organs from the sole fact of the great enlargement and development of the capillaries of the surface? Finally, do we not observe the capillaries and veins of the anal portion of the rectum, under morbid conditions, dilate into cavernous sinuses, develop into well formed plexuses, and become a pathological erectile formation in the muscular coat of the intestine? In all these cases there is no occasion to seek the immediate cause of the erection elsewhere than in the contraction of the muscular fibres, which are the first elements and the foundation of an erectile organ.\* Among the theories based upon most positive data, there are two which set forth, as the cause of the phenomena, a momentary increase of the capacity of these reservoirs. Valentin assigns to the muscular trabecules of the corpus spongiosum, the function of expanding, by their contraction, the parietes of these areolar spaces and allowing them by that to admit a greater quantity of blood into their cavity; but there is nothing in the anatomical arrangement of the parts which justifies this explanation. The whole corpus cavernosum should be considered as a simple fibrous tube, the interior of which is traversed by muscular cords stretched from one side to the other; and there is incontestible evidence that the effect of the contraction of these muscular cords cannot be other than to draw together, and not to separate from each other, the walls of the tube. Moreover, Kolliker, who in like manner accepts the dilatation of the areolar spaces of the corpora cavernosa as the prime cause of erection, attributes this dilatation, not to the contraction of the trabecules, but on the contrary to their momentary paralysis. I confess that this opinion appears to me to be entirely wrong; it supposes that during the repose of the

\* To explain erection by a congestion, a spontaneous turgescence of the vessels, is to advance one of those senseless hypotheses which never satisfy any body.--V. Burdach, *Physiol.*, II. 150.

penis, the muscular framework of that organ is in a state of contraction, of permanent activity, and that it will become, on the contrary, passive at the moment when the functional activity manifests itself. This opinion is in plain contradiction with our observation of pathological facts, which show that in the diseases of the lumbar spinal marrow, accompanied with paralysis of the pelvic organs, the bladder, the rectum, &c., erection, far from becoming more frequent and even permanent, according to the rigorous construction of the theory of Kolliker, is one of the first functions abolished. Finally, when the muscular trabecules are really contracted, whether under the influence of electricity, or, as it is so easy to observe upon the living, under the influence of cold, the remarkable diminution of the volume of the penis is accompanied by a rigidity altogether peculiar and different from its state of repose and flaccidity.

After death, it is not possible to produce artificial erection under a pressure equal to or even greater than the tension of the blood in the vessels, unless we oppose some obstacle, although only partial, to the free return of the liquid by the veins.

[To be continued.]

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 13th.—*Piece of Wood extracted from the Groin.* Dr. HODGES showed a piece of spruce pine wood, about three inches long, which he had extracted from the groin of a lad. It was lodged about an inch above, and parallel to, Poupart's ligament, where it had remained five weeks, without producing suppuration or inflammation, nor had it interfered with the boy's playing, or attracted his mother's attention, until a little redness and tenderness over the end of the splinter occurring, he told her of the circumstance of its being accidentally forced into the skin, and it was removed.

AUGUST 8th.—*Supposed Pulmonary Congestion.* Dr. MINOT reported the following case, which he considered interesting on account of the obscurity of the diagnosis, the violence of the symptoms, and the rapidity of the recovery of the patient. The patient was a large and robust man aged 40, whose occupation caused him to take much exercise in the open air. He had formerly been employed in sailing a yacht. His habits were temperate. He had had several attacks like the present. On the 2d of August he attended a public festival at Plymouth, and returned to Boston in the evening in a sail-boat. The night was not cold, and he was well wrapped up. He reached home after midnight, and was soon after attacked with a chill, followed by severe pain in the right side, dyspnœa, nausea, and some vomiting. He was unable to lie down, and had a very distressed night. When seen by Dr. Minot, the next morning, he was suffering from acute pain in the right side, inability to lie down, or to take a full breath, and nausea. The pulse was 96 in the minute. There was some cough,



and expectoration, the character of which could not be ascertained. There was no dulness on percussion over the right back or side, and the respiratory murmur in the same parts, though rather faint, was perfectly audible. There were no râles. He was very anxious to be bled, which treatment had always relieved him before, under similar circumstances, his attacks having been considered pleurisy. About twelve ounces of blood were taken from the left arm, when the patient became faint. The pain was very much relieved, at once, and he was able to lie down. It should be stated, however, that before the vein was opened, he said he felt some relief. A cathartic of calomel and jalap was ordered.

When seen, four hours afterward, the pain and difficulty of breathing were almost entirely gone, he had frequent cough, and had expectorated about an ounce of somewhat viscid mucus, of an uniform chocolate color. He was lying down, in bed; pulse 96; percussion-sound similar in both backs; respiratory murmur coarse, with rather large crepitant râle, and occasional sonorous râle in the lower part of the right back, but no bronchial respiration; there was also some sonorous râle in the left back. He had a comfortable day and night. The next morning, his cough had much diminished, the expectoration was almost gone, his strength improved, and he had some appetite. The only physical sign noticed was an occasional slight sonorous râle in the right back. He insisted on going out, and in the course of the day he took a drive in an open wagon. He has continued well since.

The physical signs showed that this was not a case of pleurisy; the absence of fine crepitation, and the character of the sputa, proved there was no pneumonia, though some might consider it the incipient stage of that affection. Pulmonary apoplexy is a grave disease, which would hardly yield so readily to treatment, or recover so rapidly without it; nor was any pure blood expectorated. A congestion, limited to a small portion of the right lung, seemed to Dr. Minot the most plausible explanation of the symptoms and of their speedy relief after bleeding, but even this state could hardly be accounted for by the previous circumstances. Unfortunately, the heart was not examined, but there was no reason to suspect any disease of that organ.

SEPT. 12th.—*Monstrosity*.—Dr. JACKSON showed a very fine cast of the subject, colored after nature, and also the prepared cranium and extremities. It was sent to Dr. D. H. Storer by Dr. N. C. Parker, of Farmington, N. H., with the following history. The mother was a married woman, and but 17 years of age; took pills to procure abortion about the fourth month of pregnancy; duration of labor less than three hours; head presented; quantity of liquor amnii very large; length of funis about four inches; placenta not remarkable; child gasped a few times after it was born. The period of pregnancy at which labor occurred is not stated by Dr. P., but an idea may be had of it from the fact that the weight of the fœtus was two pounds two and a half ounces (avoirdupois), and the length, from the vertex to the coccyx, ten inches.

The face presented a most unusual appearance. The eyes were far apart, and staringly open from what may be called a strongly-marked ectropium; which last seemed to be owing to a want of development of the lower lids. Otherwise, the eyes appeared to be natural, as were the upper lids. The upper jaw was so acutely prominent as to suggest the idea of the beak of a bird. The lower jaw

was retreating, and exceedingly movable. The tragus was the only representative of the external ear.

The trunk was well formed, but the extremities were very deficient. The arms were fully developed, but the hands were directly connected with them, at a right angle or less; on the right side there were three fingers, of which two were fused: and on the left, a thumb and two fingers. The thighs, as well as the arms, were fully developed; and the legs, which were quite short, were strongly flexed upon them. The right foot had a truncated appearance; the anterior extremity being flaccid, like a scrotum, and without toes: heel well formed. The left foot was  $1\frac{1}{2}$  inches long, and affected with valgus; great toe well developed, but no other existed.

On dissection, the scapulæ are seen to be narrow and imperfectly developed. Each humerus is  $2\frac{1}{4}$  inches in length. The bones of the forearm are entirely wanting, and the hands are connected by cellular tissue with the arms. Upon the right hand, one of the fingers consists simply of a terminal phalanx; and upon the left, a terminal phalanx is connected laterally with that of the thumb, as in one of the specimens from the Dorking fowl, in the Society's Cabinet. The thigh bones are three inches long. Right tibia  $\frac{7}{8}$  of an inch long; and, as well as the fibula, very broad, irregularly developed, and apparently quite cartilaginous. The foot consists of a single, broad, irregularly-formed cartilage; excepting quite a small second piece at the anterior extremity. The left tibia is  $1\frac{1}{2}$  inches in length, well ossified, quite broad and misshapen, and has upon its inner edge a conical projection, which was quite marked before the dissection. The lower third of the fibula only exists, and this consists of a broad, thick cartilage. The tarsus consists of a single cartilage; the great toe is perfectly well developed, and by the side of it is a second metacarpal, but nothing more.

The internal organs were well formed, excepting the heart, in which there was found an interventricular opening, and an occlusion of the pulmonary artery at its origin; the trunk of this last being small, though the branches were of medium size. The testicles were at the brim of the pelvis; and the large intestine was filled with meconium.

The cranium is very unusually malformed. A mass of bone, of some size, is situated over the auditory meatus, and upon each side; these may perhaps be the malar bones, misplaced, atrophied and fused with the temporals, and, if they are not, there is no trace of the malar. The intermaxillaries are very prominent, and show two largely-developed cavities upon each side for the incisors; but, though the nasal processes are also largely developed, there does not exist, at the most, more than a trace of the maxillaries. The orbital cavities, of course, are quite open inferiorly; and the nasal cavities had no communication with the mouth. The palatine bones seem to be wanting; and the vomer forms a conspicuous object. The body and small wings of the sphenoid are fully, and, so far as can be seen, regularly developed; but the large wings are irregular, and fused with the temporals. These last are also irregularly developed; and of the zygoma there is hardly a trace. In the recent state there were two large cartilages in the place of the nasal bones; they resembled them in form, though very much larger. The lower jaw is divided upon the median line, as usual; and each half is again formed of two entirely distinct pieces, the division being rather nearer to the anterior median line than

to the articulation. The occiput and the vault of the cranium are well formed.

Dr. J. remarked that several points in this case were entirely new to him.

SEPT. 12th.—*Gravid Uterus; probable effects upon Placenta of Attempt to procure Abortion.* Dr. JACKSON reported the case, which he had lately examined. An unmarried girl, 19 years of age, menstruated for the last time Nov. 7th, and died on the 9th of July. For the last six weeks she had been at the house in which she died, and for a week previously in the house of a noted female abortionist. Death occurred on Monday, and she had also been with the abortionist through the previous Saturday. During Sunday night she first felt sick, and complained of a feeling of faintness. On Monday morning, she said that she could not see; about 10, A.M., she had a convulsion, became comatose, and in about an hour died.

On examination, 29 hours after death, the child was felt very distinctly through the parietes of the abdomen. Uterus inclined and rather twisted toward the right side; measured, in a straight line, as it lay upon the table, and before being cut open, 12 inches in length,  $8\frac{1}{2}$  inches in width, and  $4\frac{1}{2}$  inches in thickness. The cervix, as shown by the arbor vitæ, which was sufficiently distinct, measured  $1\frac{1}{2}$  inches in length, after the uterus was cut open and the ovum had been removed. This last point Dr. J. regarded as one of the most interesting in the case, in connection with the probable period of pregnancy. The decidua vera, which adhered to, but was readily enough separated from, the membranes, was smooth upon the fetal, and rough upon the uterine surface; this membrane, Dr. J. is inclined to think, is often misunderstood in the examination of the ovum during the latter months of pregnancy. Amnion and chorion exceedingly thin and transparent. The child was a plump female, and weighed  $6\frac{1}{4}$  pounds. Corpus luteum in the right ovary. Symphysis pubis not relaxed.

The placenta was situated high up in the uterus, posteriorly and a little toward the right side. Besides a considerable amount of recently effused blood, of which a part was coagulated, there was a cavity  $1\frac{1}{2}$  or 2 inches in diameter, that contained thick but quite liquid blood, and which looked almost recent, though its inner surface was smooth. A second cavity, or rather the remains of one, was also found in the substance of the placenta; the sides were considerably thin, delicately adherent, and there was the brownish discoloration that characterizes an old cerebral apoplexy; there was no trace of this color in the other cavity. Otherwise the placenta was well.

The vagina was very capacious and extensible, as usual during the last months of pregnancy; but no appearances were found which tended to show that instruments had been used with a view to abortion.

SEPT. 12th.—*Case of an Acephalous Fœtus which lived about thirty-six hours.* Dr. JACKSON exhibited a cast of the upper half of the body, colored after nature; and gave the following account of the case, which he had received from Dr. WALTER M. WALSH, in whose practice it occurred.

The mother is an Italian woman, and the father a Frenchman. Had previously had three other children, and all were well-formed. When about three or four months pregnant, the mother had, without any especial cause, profuse uterine hæmorrhage, with much abdominal pain,

for about ten days. Labor somewhat premature, and terminated in about six hours: quantity of liquor amnii large: head presented.

The circumstances that occurred after the birth of the child, constitute the peculiarity of the case. Having been born about 11, P.M., on a Tuesday evening, last June, it lived until Thursday, about 10½, A.M. About an hour after its birth, milk and water was given to it from a spoon, and it continued to take it until 5, P.M., on the following day; it swallowed well, and the whole amount taken was about two ounces. The mother refused to allow it to be put to the breast, but it sucked the finger, when put into the mouth, until Wednesday forenoon. Fæces and urine were passed. The warmth was sufficient, and the pulse distinct.

Convulsions began to occur about 6, P.M., on Wednesday, and continued until death. These consisted of a general stiffening, coming on about every fifteen minutes, and induced at any time by handling the child, and especially by touching the tumor upon the head. For the last four hours, however, the tumor could be touched with impunity, but convulsions were brought on particularly by pressure upon the cervical region.

The weight of the fœtus was 7 lbs., and the length 20 inches. Externally it was well formed, excepting the head; and internally, excepting the renal capsules, which were very small, as usual in this kind of monstrosity. The vault of the skull being wanting, there rested upon its base a tumor which was very much larger than Dr. J. has ever before met with in similar cases: the form was essentially that of a flattened sphere with lobulated edges, the measurements being, after death, about 2 by 2½ inches, and the thickness about 1 inch. During life, and when the tumor was filled with blood, it was of course still larger. The deep-red and purplish color of the tumor, with the extension of the cuticle over the greater part of it, has been most admirably represented by the artist, in contrast with the natural color of the surrounding integument. On dissection, the tumor was found to consist, as usual in such cases, of a coarse, and more or less dense, fibro-cellular and vascular tissue, with some small serous cysts, which seem to represent the arachnoid cavity. No trace of brain was discovered, but upon the base of the skull some appearances of the nerves were found.

In the cranium, which was also shown, the parietal bones are entirely wanting; the posterior portion of the occiput is continued across, from side to side, and in a single piece, but with some appearance of a division upon the median line.

SEPT. 12th.—*Tetanus*. Dr. TOWNSEND reported the case. The patient was a man 21 years of age, of good physical development, was addicted to wine and women, and entered the Hospital Sept. 10th. Two weeks previously, while intoxicated, he fell, and struck his nose on the ground, causing some abrasion of the skin over the right nasal bone. There was no other injury anywhere. The first symptoms occurred five days before his entrance, and nine days after the accident, and consisted of dizziness, with involuntary laughter. Then followed inability to open the mouth wide, and some difficulty of deglutition. The muscles of the head and neck next became rigid. On the following day he had opisthotonos, and spasms of a violent character, extending to the muscles of the trunk and lower extremities. He was in the same condition when he entered the Hospital. The intellect

was unimpaired, the pulse 150 per minute, strong and full. There was well-marked risus sardonius, opisthotonos, and intermittent spasmodic action of the voluntary muscles. He got an enema of turpentine and croton oil, with very little effect, and, afterward, ten drops of Fowler's solution, with twenty of laudanum, and half an ounce of brandy. The patient became more quiet, and there were longer intervals between the spasms. He got some sleep, and the deglutition was easier. He had retention of urine. A liniment of ammonia to the back seemed to give relief. He sank suddenly, and died September 12th. On *post-mortem* examination, no lesion was discovered.

SEPT. 12th.—*Cystic Sarcocoele of Testis.* Dr. TOWNSEND exhibited a specimen of this disease, which he had removed from a patient 22 years of age, by occupation a farmer, accustomed to an active out-door life. He had always been healthy, and was temperate in his habits. Two years since, from no known cause, the right testis began to enlarge. During the first year the growth was slow, but afterward it was more rapid. It was painless. On his entrance into the Hospital, the testis was of the size of a small cocoa-nut, elongated, and longest at the base. It was hard, heavy, and not at all painful. There was considerable enlargement of the cord. At the lower part there was transparency, and the exploring needle being introduced, serum followed. A trocar was afterward thrust in, in two places, but only a little gelatinous fluid issued, mixed with blood. The scrotum being then opened, the testicle was removed. The upper part of the organ presented the vascular, pulpy consistence of enchondroma; the lower part was composed of cysts, which having been punctured by the trocar, had given issue to the fluid. The patient was discharged, well, Sept. 5th.

SEPT. 12th.—*Insanity; Tumor of Abdomen; Hemorrhage from the Bowels; Recovery.* Dr. TYLER related the case of a man aged 38, a farmer, who entered the McLean Asylum, for melancholia, last June. He remained without much change for about three weeks, when, after complaining of costiveness, he had discharges of blood from the bowels. There was a good deal of rigidity of the abdominal parietes, but a tumor could be distinctly felt, occupying the middle of the belly. Purgatives were given, but only a few scybala were discharged, and the tumor remained the same. In August, he had a discharge of blood, which filled a chamber-vessel, and which in an hour was followed by another, equally copious; he became very faint, and almost pulseless, but rallied after taking stimulants. He then had a number of very foetid evacuations, after which the discharges became natural. The depression gradually left him, the tumor disappeared, and he was discharged well. The amount of blood lost was found by measurement to be six quarts. At the time of his discharge there was the slightest possible feeling of a tumor in the left iliac region. There seemed to be no connection between the hæmorrhage and the recovery of the patient from his insanity, beyond what might be expected from the mental occupation which his physical disease afforded him. The origin and nature of the tumor were very obscure, and Dr. Tyler was unable to account for it satisfactorily.

SEPT. 26th.—*Diseased Tibia.* Dr. HODGES showed a tibia, found amongst some old bones, and therefore without a history. It was remarkable for an uniform enlargement of the whole circumference at its lower third, which, tapering off for about one inch from its maxi-

mum point, was lost above and below in the healthy shaft of the bone. Although somewhat resembling chronic osteitis, as seen in syphilitic nodes, the comparatively smooth surface, and its implication of the whole shaft, seemed at variance with such a supposition. It also appeared hardly possible for its perfectly regular outline to be the persistent callus of an old fracture, and of one which could only have been as exactly transverse as if made artificially. Sawed longitudinally, the enlarged portion was seen to consist of the dense structure of the shaft, whose walls could be traced continuously, though with a slight bend, through it. The medullary canal, filled here with a denser cancellated tissue than elsewhere, was not, however, obliterated.

SEPT. 26th.—*Fibrous Tumor of the Uterus, apparently in process of Separation from that Organ. Death from general malignant Disease.* The specimen was shown, and the case reported by Dr. C. D. HOMANS.

The patient from whom this specimen was taken, was a widow, 59 years old, who had never borne children. Twenty years before her death, on occasion of an illness attended with pain in the lower part of the abdomen, a tumor was discovered by her physician in the hypogastrium, which, she was assured by him, would probably never cause her any trouble. This tumor was never painful nor tender, and disappeared as she became more corpulent.

About three years before her death, a hard bunch was found in her right breast, which gradually increased in size, and involved the whole gland, so that it was removed by operation, in May, 1857. The wound healed by first intention, and she was well until about six months since, when the disease again appeared in the cicatrix. Her right hand and arm became œdematous, as were also the leg and foot of the same side. She also suffered much from sciatica in the right lower extremity.

She entered the Channing Home, July 20th, 1859. She was then considerably emaciated, and suffering much from pain in the course of the right sciatic nerve. There was a tumor, about the size of a hen's egg, in the cicatrix on the right side of the chest, with several smaller ones about it; none were ulcerated. The glands in right axilla were very much enlarged. To the left of, and below the umbilicus, could be felt a tumor, hard, not tender nor painful, slightly movable, with a well defined upper edge, perhaps the size of the foetal head.

She gained somewhat after her entrance into the Home. Her appetite improved, though she was obliged to take a pretty large dose of opium, at least once every day. Toward the first of September she began to sink, complaining of general uneasiness. For a week before her death she vomited every thing swallowed, and at times threw up a dark-colored fluid resembling coffee-grounds. There was no cough, nor marked difficulty of respiration. She died Sept. 12th, and an autopsy was made the same day.

Cancerous masses were found studding the costal pleura on each side, and the pleural cavity contained a considerable quantity of bloody serum. This malignant deposit was also found all over the pleural surface of each lung, in masses varying in size from that of a pea to that of a chestnut. Internally, the lungs contained similar masses, somewhat larger. Upon the outside of the left ventricle of the heart were several minute deposits of a light-gray color, none larger than a buckshot. The peritoneum was affected as the pleura, but not to so great an extent. The liver contained several masses, of large size,

and with the peculiar cicatrized appearance, so often noticed in this organ. The kidneys and spleen each contained a few small cancerous masses about the size of a small shot. The supra-renal capsules were similarly affected to a remarkable degree. The glands were generally enlarged, and apparently the seat of the same disease.

Connected with the uterus were several fibrous tumors of different sizes. One, as large as a cocoa-nut, was united to the organ merely by three or four fibrous shreds, none more than half an inch wide, and seemed to be in process of separation. Its outer covering was quite firm, and in some places the seat of a calcareous deposit. It was somewhat to the left of the median line of the abdomen, and connected to the intestines and neighboring parts by firm old adhesions. The ovaries were normal.

### Bibliographical Notices.

*On the Organs of Vision ; their Anatomy and Physiology.* By THOMAS NUNNELEY, F.R.C.S.E. London: John Churchill. 1858. 8vo. Pp. 373.

THIS work was written to supply a want which has always existed. The author "has felt there is no work to which the student could refer for that explanation of the ideas obtained by sight, and its relation to intellectual man; of the nature and elementary laws of light; of some of the more common optical instruments, which in their structure are analogous with the eye; of the more interesting and important of the phenomena of vision; as well as of the descriptive and minute anatomy of the organ, with all of which, if he is to be an intelligent and successful practitioner, he ought to be acquainted." Mr. Nunneley has bestowed a vast amount of labor upon the work, more than could be estimated by one unaccustomed to the investigations which the subject requires. He has examined many hundreds of eyes, both human and of animals, and that not merely with the unaided vision, but he has spent long hours in laborious microscopic investigation.

The work is divided into seven chapters. The first two are devoted to a description of the different senses, and particularly that of vision. Chapter III. treats of Light, and such of its laws as are immediately applicable to vision. Chapter IV. is devoted to the structure of the human eye and its appendages. Chapters V. and VI. relate to the eyes of animals, both extant and fossil. The last chapter treats of the physiology of vision, and some of the phenomena connected with it. It will thus be seen that the work comprises a most extensive research into everything connected with the physiology of vision. No one can read it without being struck with the industry and fidelity of the author, and the profession is deeply indebted to him for a most valuable addition to our knowledge on a subject so little understood, and upon which so little has hitherto been written.

The seven plates which are contained in this work are executed in the highest style of art. They consist of illustrations of the anatomy of the eye, chiefly microscopical, and are all from drawings by the author. Besides these, there are 179 wood engravings scattered through the volume, which are beautifully executed, and which are likewise

mostly original. We commend the work in the highest terms to the attention of the profession.

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*Pathological and Practical Observations on Diseases of the Alimentary Canal, Oesophagus, Stomach, Cæcum, and Intestines.* By S. O. HABERSHON, M.D., &c. Philadelphia: Blanchard & Lea. 1859. 8vo. Pp. 312.

It is a matter of surprise to us that this excellent work should not have been earlier republished in this country, two years having elapsed since its appearance in London. We advise every practising physician to obtain a copy of it. It contains a very complete account of all the principal diseases of the alimentary canal, written by one whose opportunities for the study of these affections has seldom been surpassed, and who has most faithfully availed himself of his advantages. We only regret that so valuable a work should not be presented to the American public in a more attractive dress.

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*Illustrated Catalogue of Surgical Instruments and Druggists' Articles,* for sale by CODMAN & SHURTLEFF, 13 Tremont Street, Boston.

This pamphlet will be found of great convenience to medical men at a distance who desire to procure instruments, and who are unable to order because they are ignorant of the prices. The contents of the catalogue are arranged in alphabetical order, and the price is affixed to each article. A short description is appended to the more important instruments, which will enable the physician to select for himself, with very little trouble, such as he requires; and scattered through the pages are numerous engravings, which will still further aid him in his choice. When we say that the catalogue fills 39 pages, some idea may be had of the extent of Messrs. Codman & Shurtleff's assortment.

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*Transactions of the New Hampshire Medical Society, Sixty-Ninth Anniversary.* Manchester (N. H.): 1859. 8vo. Pp. 79.

The published Transactions of the New Hampshire Medical Society at the last meeting, consist of the Annual Address, by the President, Dr. Noah Martin; an Oration by Dr. William Loughton; reports of the Committees on Practical Medicine and Surgery; a paper on the Vital Statistics of the town of Newport, N. H., for the two years ending with January, 1859; a Statement of the Committee on Registration; and a Biographical Sketch of the late Nathan Sanborn, M.D., of Henniker, N. H. These papers will all repay perusal, and some of them are of much value. We are glad to see such an evidence of zeal for medical improvement as is shown by the members of the New Hampshire Medical Society.

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*The Physician's Hand-Book of Practice for 1860.* By WILLIAM ELMER, M.D. & LOUIS ELSBERG, M.D. New York: W. A. Townsend & Co. 1860.

This work, intended to be carried in the pocket, as the physician's companion, will be found to contain a large amount of useful information, and to be of much service as a means of recording his practice and treatment. It embraces a synopsis of diseases, their symptoms and treatment, a list of the materia medica, one of incompatibles, of



poisons and their antidotes, rules for the diagnostic examination of the urine, and various other matters. The latter half of the book consists of blank pages, arranged for recording cases. Its size and form render it convenient for daily use.

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*Ranking's Half Yearly Abstract.*

We have received from the publishers, Messrs. Lindsay & Blakiston, the 29th number of this valuable publication, from January to July. We need hardly remind our readers that it contains the cream of all the medical periodical literature for the preceding six months, besides valuable reports on the progress of the different departments of medical science. When we add that all this may be had for *two dollars* per annum, we think we need say no more.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, OCTOBER 20, 1859.

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DEATH OF A PATIENT DURING THE INHALATION OF SULPHURIC ETHER.—We are not aware that any case has occurred in which death was clearly produced by the inhalation of sulphuric ether. By this we mean, that no case has occurred to our knowledge without some lesion being found after death sufficient to account for the fatal result. A large number of deaths have taken place during the inhalation of chloroform, where the patients were in perfect health before the anæsthetic was administered, and where no disease was found at the autopsy. Indeed, it would seem that death occurs most frequently when chloroform is inhaled for slight operations, such as the extraction of teeth, or the avulsion of toe-nails. We do not mean to say that similar results may not, in very rare instances, have happened when ether has been inhaled, but we have never heard of such, and unless it be shown that they are as frequent with ether as with chloroform, the former agent must be regarded as safe and the latter as dangerous.

The following interesting case was reported to the New York Pathological Society, by Dr. ALONZO CLARK, in whose practice it occurred. It will be noticed, that apart from the circumstance that death took place while the patient was under the influence of ether, the case is of great interest in a physiological point of view, from the coincidence of a disease in the cerebellum, and a marked peculiarity of the movements of the patient. She was a woman, 27 years of age, who entered Bellevue Hospital for frequently-recurring attacks of intense headache, accompanied with excessive nausea, vomiting and vertigo. At times the pain was intense, causing her to scream and to throw herself about. For the last four or five weeks of her life there was a constant unsteadiness in her gait, and also a marked irregularity in the movements of her hands, when engaged in any occupation. She frequently rolled out of bed, and invariably rolled toward her left side. On the morning of her death she would have once or twice rolled out upon the floor, had she not been prevented by the other patients near her. The general inaccuracy of her movements became much increased during the last week of her life. Double vision was a marked

symptom, and the right eye became so much impaired in its vision as to be nearly useless.

The only remedy which relieved her sufferings was the inhalation of sulphuric ether, which for this purpose was entirely successful. It had been employed three times without any unpleasant effects, two or three ounces having been used each time. On the 25th of April last, after she had been three months in the Hospital, she was suffering intensely, and ether was administered as before. In a few minutes voluntary respiration ceased, the countenance became slightly livid, the pulse rapid, but of tolerable strength. She was immediately carried to the window, laid upon the floor, and artificial respiration was kept up for seven hours. Other means were used, as dashing hot and cold water on the body, electricity, ammonia, and injections of hot brandy and water. The pulse remained perceptible for twenty minutes; the hue of the countenance improved at first, then became more livid, and alternated slightly in this way for several hours. At the end of six hours, dark blood began to trickle from the mouth and nose; and at the end of the time specified, efforts at resuscitation were given up as useless.

At the autopsy, there was found a tumor, occupying the right lobe of the cerebellum, three inches in length, two and a half in width, and three quarters of an inch in thickness. It was jelly-form in consistence, semi-transparent, and was composed of a hyaline material, containing a great abundance of little cells, some of which had nuclei of considerable size, and others, smaller nuclei. It was vascular, and resembled colloid matter as much as anything else. It pressed upon the medulla oblongata and the inferior point of the fifth ventricle, upon the calamus scriptorius. The blood was everywhere fluid and dark-colored, and the veins of the head contained a notable quantity of air.

In the words of Dr. Clark, is this really the first case, or one of the first cases of mortal issue from etherization; or did death occur in consequence of the presence of this tumor, which is in the same position, and a great deal larger than in other fatal cases reported; or did the existence of this tumor, in the position seen, render it more dangerous to administer ether? It is impossible to decide. In two cases of tumor of the cerebellum, which Dr. Clark quoted from the Liverpool *Medico-Chirurgical Review*, death occurred quite as suddenly as in this instance, and he was led to remark that it is probably a more common cause of sudden death than is generally known. Suppose the patient had inhaled chloroform, instead of ether; would the advocates of the former anæsthetic generally attribute the death to the chloroform or to the tumor? We guess the latter. For the facts in the case, we are indebted to the *New York Monthly Review and Buffalo Journal*.

TREATMENT OF SPINA BIFIDA BY IODINE INJECTIONS.—In a former number we gave some account of Dr. BRAINARD's treatment of chronic hydrocephalus, by means of injections containing iodine. In the *Chicago Medical Journal* for September is an article by Dr. Brainard on the subject of the treatment of spina bifida by the same means, from which we learn that he has operated five times, and Dr. S. G. Crawford, under his direction, twice. Of the whole seven cases, five were cured of the disease for which they were treated, one of which died seven months afterward of chronic hydrocephalus. The subject of one of the fatal cases died in six weeks, in a convulsion, which occur-

red after the head was noticed to be enlarging, and its bones separating. The disease appeared to be nearly, if not quite healed, and the hydrocephalus was attributed by Dr. Brainard to closing the opening too soon, and to the effects of pressure on the sac. "Far from closing such an opening," says he, "the sac should be punctured if acute inflammation results from treatment, and the liquid drawn off."

The fluid injected consists of a solution of iodine and iodide of potassium, in water, the amount varying from one fourth of a grain to four grains of iodine, and three times that quantity of the iodide of potassium, dissolved in from one drachm to several ounces of water. The immediate effect of the operation is pain and some febrile reaction; and if the quantity injected be large, some symptoms of cerebral compression are apt to occur. After the effect of an injection is past, it may be repeated as many times as is necessary, the strength of the solution being gradually increased, according to the effect produced. The puncture should be made in the sound skin, at the side of the tumor, and no more of the fluid of the tumor should be evacuated than the quantity of injection about to be thrown in. After the operation, collodion should be applied, in order to contract the skin, and this should be continued for some months after the swelling has disappeared. The effect desired to be produced, according to Dr. Brainard, is a deposit of lymph upon the internal surface of the sac, and an adhesive inflammation of a moderate degree of intensity in the walls of the tumor.

Although the number of cases reported by Dr. Brainard is small, the result must be considered as highly successful, and the profession are much indebted to him for his courage and enterprise in putting this method of treatment to a practical test. It is true, the majority of patients affected with spina bifida are of such feeble constitution that any effort to prolong their lives seems not only hopeless but undesirable. Still, a certain proportion live to adult age, and enjoy tolerable health, and it is reasonable to suppose that if the disease be cured early, the original weakness of constitution, of which spina bifida is one of the manifestations, can be more successfully combated. In conclusion, we must express our regret that these extremely interesting cases should be so loosely reported; many important particulars being wholly omitted, and the usefulness of the observations is thereby considerably impaired.

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WOUND OF THE LUNG IN THE CASE OF CHARLES W. BANKS.—We have received a note from "A Member of the Mass. Med. Society," containing additional arguments to show that there was no wound of the lung in the case which was printed in our last number. The reasons which he alleges are extremely plausible, and we only refrain from printing them because our space is too limited, and because the point is one which would hardly be of general interest to our readers.

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TREATMENT OF NASAL POLYPUS BY TINCTURE OF MURIATE OF IRON.—Dr. J. H. REEDER, of Lacon, Ill., reports, in the *Chicago Medical Journal*, two cases of nasal polypus, which he had successfully treated by the application of the tincture of muriate of iron, by injections, and by means of a bit of sponge. In both cases the disease was removed in a few days, it having existed, in the last instance, more than ten years, completely obstructing both nostrils.

**DEATH OF JOHN HUNTER.** *Messrs. Editors*,—A friend has kindly called my attention to an error in my mention of John Hunter. I stated that it was at Guy's Hospital he died. I should have said St. George's Hospital. He never had any connection with Guy's. His portrait by Sir Joshua Reynolds, now familiar to us by Sharp's splendid engraving of it (a fine proof copy of which, I am glad to say, has been kindly given to the Medical Improvement Society by Dr. J. N. Borland), hangs in the room that was the scene of his death.

WM. E. COALE.

**VERMONT MEDICAL SOCIETY.**—The Annual Meeting of the Vermont Medical Society will be holden at Montpelier on Wednesday, Oct. 26th. The meeting promises to be unusually large and interesting. Papers from several medical gentlemen are expected. Free return railroad tickets will be furnished those in attendance.

**GEORGIA DENTAL SOCIETY.**—We learn from the *Macon State Press*, that at a preliminary meeting held at Macon, Ga., Friday, July 1st, nearly all of the principal towns in the State being represented, a permanent organization was effected under the above designation.—*American Journal of Dental Science*.

**THE NETLEY HOSPITAL**, says the *London Lancet*, is approaching completion. It is as large as the Crystal Palace, and six times as large as Guy's Hospital. It will accommodate between 1000 and 2000 patients, and will surpass, in all respects, any other institution of the kind in the world.

**NEW YORK OPHTHALMIC HOSPITAL.**—The introductory to the eighth course of lectures for the benefit of the above institution will be delivered at the Hospital, No. 6 Stuyvesant Place, near the corner of Third Avenue and Ninth Street, October 22d, at 7½ o'clock, P.M., by Mark Stephenson, M.D., one of the attending surgeons. Subject—"The Pains, Pleasures and Responsibilities incident to Professional Life."

This institution has been a school of instruction to over 300 medical pupils and practitioners, the most of whom have received its ophthalmic diploma, and between 7,000 and 8,000 eye patients have been treated at the institution since its incorporation. It is open to the poor from all parts of the United States. Dr. Stephenson's Monograph on the Treatment of Cataract is advertised to be for sale at the Hospital, the avails of which are given to the institution.

**HEALTH OF THE CITY.**—The number of deaths last week was small, and the most interesting feature of the mortality is the continuance of smallpox, which caused as many deaths as cholera infantum or pneumonia. There was but 1 death from dysentery. Ten more females than males died; 26 deaths were of children under 5 years, and 23 of adults between 20 and 40. The victims of smallpox were three adults and one child, all of whom would probably have been saved by vaccination. One female aged 56 died of "consumption." The total number of deaths for the corresponding week of 1858 was 74, of which 21 were from consumption, 4 from pneumonia, 4 from cholera infantum, 5 from dysentery, and 0 from smallpox.

**Books and Pamphlets Received.**—A System of Dental Surgery. By John Tomes, F.R.S.—A Practical Treatise on Operative Dentistry. By J. Taft.

**MARRIED.**—At West Springfield, 12th inst., Stephen W. Bowles, M.D., of Boston, to Elizabeth, only daughter of the late Chauncey Belden, M.D., of W. S.

**DIED.**—At Northampton, 11th inst., Elizabeth L. B., wife of Dr. Wm. H. Prince, Superintendent of the Insane Hospital, 59.

**Deaths in Boston** for the week ending Saturday noon, October 15th, 66. Males, 28—Females, 38.—Apoplexy, 2—asthma, 1—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 1—cancer (of the uterus), 1—consumption, 11—cholera infantum, 4—croup, 2—debility, 2—diarrhea, 3—infantile diseases, 5—puerperal disease, 1—dropsy in the head, 2—dysentery, 1—scarlet fever, 1—typhoid fever, 2—disease of the heart, 2—intemperance, 1—inflammation of the lungs, 4—congestion of the lungs, 1—marasmus, 2—old age, 1—palsy, 2—serofulous inflammation of the joints, 1—disease of the spine, 1—smallpox, 4—teething, 1—ulceration of the throat, 1—unknown, 3.

Under 5 years, 26—between 5 and 20 years, 4—between 20 and 40 years, 23—between 40 and 60 years, 7—above 60 years, 6. Born in the United States, 45—Ireland, 15—other places, 6.

THE

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VOL. LXI.

THURSDAY, OCTOBER 27, 1859.

No. 13.

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PHTHISIS AND PLEURISY, WITH PNEUMO-HYDROTHORAX.  
TREATED BY PARACENTESIS THORACIS; IODINE IN-  
JECTIONS INTO THE PLEURAL CAVITY.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY EDWARD H. CLARKE, M.D.

W. W., an American, born of Irish parents, æt. 27, and married, applied for medical advice, March 28th, 1858. He had light hair and complexion, and reported himself to have enjoyed excellent health from his boyhood till within a year. His occupation was that of a merchant's clerk. He was not aware of the existence of phthisis in his family. His general appearance was healthy. His appetite and digestion, the condition of his bowels, his sleep, &c., were satisfactory. He sought advice on account of a cough, which had followed him for a year persistently. His cough had been accompanied with copious and thick, but never with bloody sputa. He also suffered, now and then, from slight pains through his left chest. He was in good flesh and of average strength, though his cough and thoracic pains occasionally rendered the performance of his daily duties, at the store and elsewhere, somewhat difficult. He had a clean tongue, and a good pulse of 80 per minute. On examination, vesicular respiration was heard over the whole of the right chest, front and back; it was also heard at the top of the left chest, front and back. Respiration was indistinctly heard over the lower half of the left back; and over the same space, percussion was slightly dull. Elsewhere it was good. No râles were heard anywhere.

He was placed under a careful hygienic regimen, with a plain but substantial diet. A mixture of equal parts of the tinctures of opium, hyoscyamus and conium was ordered for inhalation. He was also advised to take one drachm of the following prescription, three times a day, viz., syr. senegæ,  $\mathfrak{z}$  iss., tinct. lobelia,  $\mathfrak{z}$  iss., and sulph. morphia, gr. ij.

There was no marked change in his condition for several days. On April 3d, six days later, he was exposed to a draught of cold air, after being heated, and at the same time was more

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thinly clad than usual. This exposure occurred in the afternoon. Soon after, he had a well-marked chill. This was followed by a restless night. On the next morning, April 4th, I found him with a pulse of 120, and with severe pain in his lower left chest. Inspiration was painful. A full breath could not be taken without a sharp pain in the left chest. He had very little cough. Respiration was scarcely audible over the lower and posterior half of the left lung. Percussion elicited no change of sound since the previous examination. He had vomited some yellow matter two or three times. A pill of ipecac, blue mass and opium was prescribed, to be repeated till the pain was easier. A sinapism was directed to be placed over the seat of pain, and he was put on a low diet. The mixture previously ordered was discontinued.

On the following morning, April 5th, he was a little easier. At my visit, on April 7th, he reported his cough and pain to be less. He then had a pulse of 90. His skin was not abnormally hot. He lay quiet, and could not take a full inspiration without pain. Indistinct bronchial respiration was heard over the lower half of the left back. There was no increased dulness on percussion there. His sputa were frothy and white, and not abundant. His tongue was slightly coated, and he had very little appetite. He slept poorly. His bowels had been moved daily.

The pill, previously prescribed, was ordered to be taken only once in the twenty-four hours, and that at night. A mixture of equal parts of syr. tolu, syr. ipecac and liq. ammon. acet. was also directed, as an expectorant.

Two days later, April 9th, he reported no pain in his chest. His respiration was 28 in a minute; his pulse 96. A vesicular murmur, mingled with bronchial respiration, was heard over the lower half of his left back. No crepitation could be heard. His tongue was clean, and he asked for food. He had a daily dejection. He slept little, and uneasily. His gums were not sore, and there was no mercurial tætor of the breath. The pill was exchanged for a nightly dose of six grains of Dover's powder. The same expectorant mixture was continued. On the next day, April 10th, his pulse rose to 100. No change was observed in the signs obtained by auscultation and percussion. He expectorated less and his cough was tighter. His bowels were costive. His hands and feet were cool rather than hot. He kept his bed most of the day, but was able to sit up part of the time. Instead of the mixture prescribed April 7th, he was ordered syr. tolu, syr. scillæ and vin. ipecac, with antimony gr.  $\frac{1}{20}$  to each dose, every four hours. The Dover's powder was continued, and Rochelle salts were advised as a laxative. His diet was made moderately substantial.

Two days later, April 12th, he had a pulse of 100, and his general condition was not changed, except that his skin was hot. Bronchial respiration, mingled with an indistinct vesicular murmur, was heard over two thirds of his left back. There was also broncho-

phony there. His bowels were less costive, and his appetite was poor. In addition to the previous treatment, he was ordered four drops of the fluid extract of *veratrum viride*, every three hours; the quantity to be cautiously increased.

On the following day, April 13th, he reported slight nausea, but in other respects he felt about as he had done. His cough was unabated. In addition to the previous auscultatory sounds, metallic tinkling was heard in the left back, below the angle of the scapula. His pulse had fallen to 84. The *veratrum* was continued through the 13th, and was then omitted on account of nausea. Twelve hours after its discontinuance, his pulse rose to 100 again. It was then resumed, and in the course of the day his pulse fell to 88. For two days, during which time it was steadily taken, his pulse ranged from 80 to 88. Upon the discontinuance of *veratrum*, his pulse rose as before to 100. Some nausea attended the exhibition of this drug, and as no favorable results, beyond a sedative influence over the heart, was obtained by its use, it was not again tried during the case.

A week later than this, April 20th, his chest was examined, with the following result. There was dull percussion over the lower left chest; the dulness was more marked on the side than on the back. Metallic tinkling was heard just below his scapula. Vesicular respiration was heard at the apex of both lungs, front and back. Over the lower left back respiration was very indistinctly heard. His voice was bronchophonic. His breathing was 32 in a minute, and somewhat labored and feeble. His pulse was 100. He expectorated little, and his sputa were chiefly mucous. He reported a fever-turn once in twenty-four hours, and moderate, not copious, night sweats. He had a fair appetite. His bowels moved once, and sometimes twice, a day. He complained of feeling very weak and sick.

All cough mixtures were now omitted. Iodine was ordered externally and fusel oil internally, with a substantial diet. The iodide of potash was also exhibited, three times a day, in the fluid extract of wild cherry bark.

Another examination of his chest was made two days later, April 22d. The sound of percussion was then flat where it had been dull, if the patient was sitting up. If he was in the recumbent posture, and on his right side, the flat sound of the left chest gave place, on percussion, to an almost resonant tone. The sounds of the heart were most distinctly heard just on the right of the sternum. No change was made in the treatment. He kept along for a few days without any material change, except that he gradually became unable to sleep only in a semi-upright posture. His legs became somewhat anasarcous, and he could not walk about his chamber.

On the evening of April 27th, he was attacked with sudden and intense pain in his right chest, and with increased dyspnœa. He

did not lie down at all during the night. Through the next day, April 28th, he got one third of a grain of sulph. morphia at intervals, and without relief. By night his pulse was 120 and his respirations 32. Sinapisms were applied to his chest; morphia was omitted, and chloroform was given without relief. During the night, he received the last rites of the Catholic church, from a belief on the part of his friends, and one not groundlessly entertained, that he was dying. Early on the day following, he was seen by Dr. Bowditch, in consultation with myself. At that time his dyspnoea was distressing; his complexion slightly livid; his feet and legs largely swollen and oedematous. The sounds of the heart were heard loudest to the right of the right nipple. There was coarse crepitation over the entire right chest. Respiration could not be heard at all over the lower two thirds of the left chest. The sound of percussion was flat where the respiratory murmur could not be heard, but at the apex of the left chest it was so resonant as to be tympanitic. An attempt to cough produced great distress and a feeling of suffocation. His pulse was 120 and feeble; his breathing 36 in a minute.

Under these circumstances, paracentesis thoracis was determined upon. Dr. Bowditch accordingly introduced a trocar at the top of the tenth rib and at the point of greatest dulness. About five pints of a clear, straw-colored serum was drawn off. The operation was followed with an appearance of great relief. At 5, P.M., of the same day, his pulse was 106. The sounds of the heart were heard loudest upon the sternum. There was no audible crepitation in the right chest. An indistinct respiratory murmur could be heard along the lower left chest. The patient expressed infinite relief. Percussion gave a less flat sound. Two days after this, a feeble respiratory murmur was heard over nearly the whole left posterior chest. Metallic tinkling was distinct at the point where it was previously heard. Percussion was tympanitic at the apex of the left lung. His pulse ranged between 90 and 100. He was able to lie down and sleep all night. The anasarca disappeared, and his complexion assumed a natural hue. The fusel oil, ext. wild cherry and iodid. potash, which had been omitted for a few days, were resumed, and to these remedies cod-liver oil was added.

From this point his condition began to improve. By May 14th, he was able to walk around the Common, and enjoy the exercise. He reported less dyspnoea than he had suffered for several weeks before he gave up business. His pulse was 84; his appetite good; he slept well; and he had a daily dejection. An examination of his chest disclosed the following condition, at this time. The sound of percussion was flat over the lower third or fourth of the left lung, posteriorly; dull over the middle third; clear above, and tympanitic at the apex anteriorly. No respiration was heard over the lower third of the left chest; indistinct vesicular respi-



ration was heard over the middle third; and tolerably distinct vesicular breathing above. Metallic tinkling was heard as previously. He coughed moderately and easily. His sputa were mucous. The previous treatment of a good diet, counter-irritation, fusel and cod-liver oil, iodide of potash and wild cherry extract, with whiskey once or twice a day, was continued. A week after this, on May 20th, he felt so well that he resumed his business at the store. At this time, the wild cherry ext. and iod. potash were discontinued. The comp. syr. phosphates was substituted for them. No other change was made in treatment.

At the expiration of another week, on May 28th, he called at my office. He had attended to business daily. His pulse was 108 after walking. The physical signs of the chest had not changed, except that the beat of his heart was heard loudest a little to the right of the sternum; and bronchial respiration was heard over the lower left back. He was kept on the same treatment.

On June 2d, his dyspnoea and attendant uncomfortable symptoms were so much increased that he again gave up business. A few days later, on June 9th, his condition was still worse. The sound of percussion was flat as high as the third rib anteriorly, and up to the scapula posteriorly. Change of position produced a corresponding change in the dulness. The heart was so far dislocated that its beat was heard loudest to the right of the right nipple. His respiration was 40 per minute; his pulse about 120. Where the percussion was flat, no breathing was heard. By the aid of Dr. Bowditch, paracentesis thoracis was again performed. The trocar was introduced between the 9th and 10th ribs, and on the side. Not quite three quarts of *turbid* serum was drawn off. The exhibition of all drugs was now discontinued. The patient was simply directed to keep quiet.

On the day following, June 10th, he reported a night of good sleep, and expressed as much relief as after the previous operation. His pulse was 106; his respiration 24. His heart beat the loudest just to the left of the sternum. A coarse, respiratory murmur could be heard over the lower left back; it was distinct above. He had a clean tongue, and a good appetite. He was again put upon a substantial diet. Iodine was ordered as a daily external application to the left chest; and the iodide of potash in the extract of wild cherry was resumed.

From this point, he improved again, as he did after the first operation, but not to the same extent. His pulse became slower. He had less dyspnoea. He was able to walk out, for a short distance, daily. In the course of a couple of weeks, however, he began to grow worse again. He occasionally suffered from severe pain along and under the right clavicle, which was only relieved by sulphate of morphia. He also suffered from an attack of gastric pain and tenderness, accompanied with vomiting, which continued for more than a week, and passed off after the application of a blister to his epigastri-

um, and a diet of milk and bread, with lime water. In the mean time he gradually emaciated. Night sweats, which had disappeared, re-appeared. His strength visibly failed, day by day. Hectic fever was established. He suffered not infrequently from diarrhoea. His pulse and breathing grew more and more rapid. His stomach refused to tolerate either cod-liver or fusel oil; and did not bear bread, milk and meat as well as formerly.

On July 9th, one month after the second operation, he was in the following condition. He could not lie down without distress. His pulse ranged from 100 to 110. His respiration was 24 a minute. He coughed moderately, and with pain. He complained of almost constant infra-clavicular pain on the right side. Percussion gave a flat sound over the lower two thirds of his left back; above, the note was clearly resonant. The intercostal spaces were bulging out moderately. Measurement over the nipples showed the left chest to be nearly two inches larger than the right. The heart was largely dislocated to the right. Respiration was heard with difficulty on any part of the left chest. On the lower part, it was scarcely heard at all. Over the right chest percussion was everywhere normal; and vesicular, though somewhat puerile respiration was everywhere audible. Metallic tinkling was not heard at this examination, in the left chest, but it had been a little while previous.

Under these circumstances, Mr. W.'s chest was punctured for the third time. The trocar was entered between the 8th and 9th ribs, just in front of a line drawn perpendicularly from the axilla down. About four quarts of thick, offensive, sero-purulent matter was drawn off. A silver canula, with a cork adapted to its outer orifice, was left in the chest. This was kept *in situ* by means of adhesive plaster. No medicine was prescribed. The patient expressed himself greatly relieved.

He slept well that night. On the next day, July 10th, his pulse was 116; his respiration 28; the cork was removed from the canula, and about one quart of purulent matter flowed out. Two drachms of an aqueous solution of iodine, of the strength of gr. i. to ʒi., was then injected through the canula. The injection was followed by no unpleasant symptoms. He was put on a milk diet for a few days; then meat and alcoholic stimulants were added to it. In the way of drugs, the comp. syr. phosphates was prescribed, with cod-liver oil.

For a short time after this, he seemed to improve again. The cavity of the pleura was daily emptied of its contents. At first, more than a quart was drawn off. The quantity gradually diminished, till not more than three or four ounces were drawn off daily. The iodine solution was also daily injected, and the quantity of it increased from two drachms to nearly two ounces, for each injection. On July 22d, nearly two weeks after the introduction of the canula, he was well enough to walk out daily for half an

hour at a time. His pulse was then 104; his respiration 24. The sound of percussion was dull over the lower part of the left chest—less dull above. Indistinct bronchial respiration was heard below, and vesicular breathing above. Metallic tinkling was not heard at that date, but it had been shortly before. He had a fever—turn every afternoon; but his cough was reported to be slight, and his expectoration very little. He had no night sweats. His tongue was clean; his appetite fair; his sleep refreshing; and his bowels were opened daily. The cannula was easily kept in place, and he complained of no inconvenience from it.

Up to this period, only an aqueous solution of iodine had been injected into the pleural cavity. On July 25th, one drachm of the tincture of iodine, diluted with water by means of the iodide of potash, was injected. The strength of the solution was gradually increased till the 1st of August, when about two drachms of the undiluted tincture was thrown in, after emptying the cavity and washing it out by repeated injections of warm water. This was followed by decided smarting and pain. For twenty-four hours, there was increased dyspnoea; pain in the left chest on motion, or coughing; heat of skin and greater rapidity of pulse. These symptoms then subsided, except soreness of the chest, which continued for about a week. For four or five days after this there was a marked diminution in the discharge, but it presently re-appeared. No farther trial was made of iodine injections. By August 2d, there was some leakage around the cannula, and Mr. W. began to complain of it as a cause of irritation. It was therefore withdrawn, and the fistula dressed with a tent, compress and adhesive plaster. The same general treatment was continued. It should be mentioned that when the cannula was inserted, a probe, five inches long, could be pushed its entire length into the chest, without meeting any obstruction. When the cannula was taken out, 24 days after its insertion, a probe met with a large, spongy-feeling surface, at a distance of  $2\frac{1}{2}$  inches from the skin.

For a short time after this, that is, for two or three weeks, he remained without any marked change. There was a daily discharge through the fistula of four or five ounces of thick and purulent-looking matter. Its odor became more and more offensive, until at length the tent could not be removed, and the fluid allowed to escape, without employing chloride of zinc, or lime, to disinfect the atmosphere and the vessel into which it run.

Finally, the rational symptoms which ordinarily accompany phthisis declared themselves more unequivocally. His pulse became daily more rapid, till, toward the last of August, it averaged 120 per minute. Hectic fever re-appeared, and continued. He became greatly emaciated. His appetite failed or was capricious; his bowels were frequently loose; and he often vomited his food. On August 29th, respiration was puerile over the whole right back. A very feeble respiratory sound, without râles, was audi-

ble over the left back, except at the base, where none was perceptible. Percussion gave a dull, but not flat sound upon the left back. At the apex of the left front chest, percussion was still resonant. His cough had increased and become very troublesome, but he did not expectorate freely. The discharge from the fistulous opening continued as before. He went on thus, steadily sinking, day by day, and losing flesh to the extremest point of emaciation. For a few weeks before death, his lower limbs were anæsarcons.

He died on the 4th of October, about six months after the attack of pleurisy, and about eighteen months after the commencement of cough and pulmonary disturbance. Unfortunately, no *post mortem* could be obtained.

REMARKS.—The diagnosis in this case was, on the first examination, phthisis, commencing at the base and not at the apex of the lung. This diagnosis seems to be confirmed by the progress of the malady. Within a week after the commencement of medical treatment, the patient was exposed to cold and contracted a pleurisy. While the acute stage of the pleurisy was passing off, metallic tinkling was distinctly heard in the left back. The persistence of this sign and of tympanitic percussion at the apex of the left lung, with other symptoms, prove the existence of pneumo-thorax. The existence of effusion was demonstrated. There was in this case, therefore, phthisis complicated with pleurisy and pneumo-hydrothorax.

The treatment was guided throughout by the fact that tubercular disease was underlying all complications. If the former could not be controlled, it would be of little use to treat the latter. Accordingly, as soon as the acute stage of the pleurisy had passed, a generous diet and other measures, which were deemed important for the relief of the constitutional affection, were prescribed. Mercurials were given for a few days at first, but they were soon discontinued. Pneumo-thorax showed itself soon after the treatment was commenced, and of course rendered the prognosis more unfavorable than before.

Very evident relief was afforded by paracentesis. Before the first operation for tapping, the aspect of the symptoms and the history of the case were such as to render its propriety doubtful. Both Dr. Bowditch and myself thought it not improbable that the patient might die, either at the time of the operation, or so soon after it, as to lead to the inference that tapping was the cause of death. On the whole, however, it appeared to be our duty to give the patient the chance of relief which drawing off the effusion promised. The result was more favorable than we anticipated. The life of the patient was clearly prolonged by each operation.

The iodine injections were well borne. No indications appeared, after injecting the tincture of iodine, which would forbid its use.

On the contrary, the diminution of the discharge, and the slight constitutional disturbance which they produced, go to show that iodine injections into the pleural cavity may be safely used, and possibly, in some cases, with advantage.

The cannula was not uncomfortable to the patient until it had remained in his side for more than three weeks. It was easily kept *in situ* by means of adhesive plaster—not by bandages.

The action of the fluid extract of veratrum viride as sedative to the circulation was evident. It produced some nausea; and, I thought, was followed by increased languor and weakness. I could see no evidence of curative action from it.

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#### CONCLUDING REMARKS ON INTERMITTENT FEVER, WITH SUGGESTIONS CONCERNING THE VALUE OF EMETICS.

[Communicated for the Boston Medical and Surgical Journal.]

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IN the preceding remarks on this subject, as well as in former articles in the JOURNAL, my predilection for the more frequent employment of emetics in various diseases has been clearly shown. The more frequently I use them, the more convinced am I of their real utility—almost invariably displayed in the forming stage of most diseases, and in the different stages and forms of that under consideration. Various reasons could be assigned for the less frequent use of this class of remedies, at the present day, than formerly was the case, or than they really deserve; nor would it be a difficult task to fill pages with extracts, from many writers of eminence on the practice, to prove the great confidence reposed in the curative power of emetics. But fearful of trespassing too far on your pages, and the desire of confining my remarks to observations deduced from bed-side experience, in reference to the perfect safety, and the less risk incurred from the use of an emetic, than is found frequently to result from the action of other remedies, preclude their introduction at this time, and force me to forego such valuable support in favor of my views.

If I may be allowed to judge of the well-marked and positively curative effects resulting from the use of emetics in the innumerable cases in which I have used them, in a great variety of diseases, they would be placed at the head of all remedial agents, for their prompt, decided, and immediate curative power, as well as for placing the system in a condition better adapted to the reception of subsequent remedies.

It may not be amiss, while advocating the importance and safety of emetics for the successful treatment of intermittent fever, as an adjunct to other remedies, to remark, that, while in all cases the use of one will prove beneficial, in some it may not be abso-

lately required, or certain symptoms may contra-indicate its propriety at the time; but, in those of long standing, and complicated in various ways, the necessity of resorting to one is considered proven, as far as my observation has extended. Under the impression that the mode by which I produce vomiting, differs materially from that generally adopted, to which is assigned one reason for the non-occurrence of pain, spasm, or other inconvenience, it is needful to notice the particulars.

In presenting the formula of the preparation first used, as a prelude to the real emetic, which is continued subsequently for several days, more particularly if the liver has been much implicated, be it noted that the quantity of each article is necessarily varied, to meet existing indications, though in general the following is employed. R. Nit. potassæ, ℥iii.; bi-carb. sodæ, ℥ii.; aquæ destillat., ℥v.; syrup. ipecacuan., ℥iij.; tr. opii camph., ℥iv. In some cases, the syrup of morphia is substituted for the paregoric. The dose varies according to circumstances—being from two to four tea-spoonfuls every hour for from two to four times. To the last dose is added four ounces of warm salt water, in which there is mixed one tea-spoonful of ipecacuanha and from four to ten grains of cayenne pepper. This being swallowed, as soon as efforts to vomit appear, two or more pints of warm salt water are given as rapidly as possible, and it is rare that profuse vomiting does not occur, although, in a few cases, that quantity has been retained without causing vomiting, while it has acted freely on the bowels, without causing serious inconvenience from the temporary extra-purgation. The vomiting being over—causing only that inconvenience inseparable from the act itself, known to all to be disagreeable, and, in my opinion, the only rational objection to popularizing the habitual use of emetics in various diseases—a mustard and cayenne poultice, strong or weak, as may be required, is applied to the abdomen for various reasons, one being its power to control or prevent spasm, or pre-existing irritation, or inflammation. When removed, one of flax-seed meal generally supplies its place, and is kept on as long as the nature of the case may seem to demand. At the expiration of three hours, the preceding mixture is given, in the dose of one or two tea-spoonfuls every one or two hours, for several days, with or without the usual tonic remedies, necessarily depending on circumstances. At the proper time, after the action of the emetic, should it be requisite to act yet more on the bowels, a large injection of strong salt water, preceding or followed by two modified blue pills, or a dose of calomel, often conjoined with one of Dover's powders, are given, the last generally at bed-time. It is not unusual to conjoin with the last dose, portions of the sulphate of cinchona, or quinine, and powdered nitrate of potash. Purgatives, or mild laxatives, with the nitrate of potash mixture—to which, when first prepared, there is frequently added three or four drachms of Fowler's solu-

tion of arsenic—are continued for several days, or until I may consider the proper time for the exhibition of quinine, and other tonics, to have arrived.

Before noticing the formulæ of the different anti-periodics and tonics, which have been used, it may not be amiss to cursorily notice the diet allowed to my patients for the first few days. Gruel, arrowroot, and soup, are only allowed, and in some cases in specified quantity, until the system may be considered ready for the full diet of the hospital. It may not be unworthy of remark, that to all of the patients admitted into my wards, without an especial medical reason for the contrary, not one drop of alcohol or malt liquor is allowed, and although the habits of many admitted frequently induce them to ask for the former, it is uniformly withheld, and, to this day, in but three instances has the least inconvenience resulted from such forced temperance. To supply the craving for such drink, and at the same time to invigorate the systems of all, there is prepared, in both wards, a pitcher of a tonic infusion, made of Peruvian bark, Virginia snakeroot, quassia, colombo, wild cherry bark, &c., ground and mixed. *Nolens volens*, a wine-glass is given by the nurse three or four times a day to all for whom it has been ordered. I am certain that this tonic drink is in all respects more efficient than alcohol, or porter, to strengthen my patients, and enable them to leave the wards without much fear of a relapse.

Assigning as reasons for my conviction of the propriety and necessity of the more frequent use of emetics, the following facts are adduced. The most frequent result of an emetic is the ejection of undigested food, mixed with more or less of black, green, or yellow bilious secretions, the quantity of such matter being frequently surprisingly large. It has been of occasional occurrence, that, not having deemed it necessary, in a case, to give an emetic, from the apparent mildness of the symptoms, in the course of one or two days, notwithstanding the use of purgatives and injections, unexpectedly there would be thrown up a large quantity of bile, more frequently of a blackish or dark green color, when, even at that late period, an emetic of ipecac and warm salt water being given—which it always is—a great quantity of dark-colored bilious matter would be ejected. In some cases, where the tongue has presented almost a natural appearance, without any well-marked symptoms of aught but malaise, but in which I was convinced an emetic would put all straight, upon its free action a large quantity of dark bilious matter has been thrown off, followed by an immediate restoration to a natural feeling, and the desire to be discharged and go to work.

The above facts, which defy contradiction, suggest a plain and pertinent question for the consideration of those who may not have fully looked at the subject, not only as to the positive benefit of an emetic, but of its greater safety and superiority to the more

common and agreeable purgative, mostly in pill form, in respect to the actual amount of irritation or inflammation of the mucous membrane of the alimentary canal, immediately or remotely. By comparison, it will be seen that, by an emetic, the contents of the stomach are removed upward, through a distance of from ten to fifteen or twenty inches, or thereabouts, over a mucous membrane unaffected in any manner, and little disposed to become so in such cases. After the full operation of an emetic, which does act powerfully on the liver, and frequently causes an evacuation of the bowels, should there be a necessity of acting still more on them, an injection, or any mild remedy, will be found sufficient in most cases. Contrast the probable effects of the operation of one or more cathartics, to evacuate the stomach and bowels, which it is presumed few will deny the necessity of doing at the commencement of most diseases, be they what they may. In the first place, it is impossible for any one, *a priori*, to tell with certainty what number of doses or what quantity of medicine will be required to accomplish the object desired, as is well known to all. Then, whatever may be given, it, with the contents of the stomach and bowels, must, to be evacuated, pass through a distance of about six times the length of the body of the individual, and over a mucous membrane, if not in a state of irritation or inflammation, most certainly prone at any moment to have one or both aroused into action. Can any one doubt, with such facts presented, either the propriety and necessity of emetics, or that the retention in the stomach of such foreign matter, or its forced passage through the bowels, must add to the discomfort of the patient, very materially augment, if not produce inflammation, protract the duration of the disease, and be far more calculated to do injury than can possibly result from the action of a single emetic, whose effects are most generally over in fifteen minutes.

I will conclude these unavoidably prolonged remarks, on subjects to my mind most important, in a practical bed-side point of view, by presenting the more active formulæ of anti-periodic or tonic remedies, which, having largely used in a great number of cases, I do think I have the right to speak of with confidence. R. Zinci sulph. pulv., ʒss.; quinin. sulph., ʒi.; pulv. capsici, ʒi.; pulv. cinchona rub., ʒi. M. Dose, one half to one teaspoonful three times a day. R. Zinci sulph. pulv., ʒss.; quinin. sulph., ʒiss.; tr. capsici, ʒiv.; tr. opii camph., ʒvi.; tr. rhei et sennæ, ʒvi.; syr. ipecacuan., ʒiv.; tr. quassiæ, ʒij.; tr. cinchon. comp., q. s. pro ʒ viij. M. Dose, one half to one teaspoonful three or four times a day. During the month of September, the number of emetics given in my two wards was about eighty, as I find by referring to my book of prescriptions. In not one instance was aught but benefit received.



## EMPHYSEMA AND DEATH AFTER A BAYONET WOUND.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following statement of the case of Charles W. Banks, the young man wounded at the "Seymour reception," is sent to you for the purpose of correcting the gross misrepresentations contained in an article published in your JOURNAL for Oct. 13th, 1859.

On the 30th of August, 1859, Dr. Jewett, of New Haven, received a message from Meriden, to come there by the first train; stating that a man was dangerously stabbed. He arrived in Meriden at 6.30, P. M. The patient was found to be Mr. C. W. Banks. The history of the case, as given by his friend Mr. Fairman, was, that Banks had been stabbed with a bayonet, at Hartford, a few hours previous; that he was seen in Hartford by Dr. Ellsworth, who probed the wound, and applied some adhesive plaster, at the same time telling Banks that he was not seriously injured, and that he had better go home—a distance of some 45 miles. When told by Banks that he *was* seriously injured, and that he did not feel able to ride, Dr. Ellsworth remarked, "You are frightened; you are not seriously injured, but you will be well in a few days; it is a mere scratch." Banks took the cars for New Haven. Soon after leaving Hartford, he was taken with severe pain in the injured side, difficulty of breathing, and hæmorrhage from the wound. The plasters became loose. On his arrival in Meriden he found it necessary to leave the cars. He was taken to the Hotel. He began to vomit soon after being placed in bed. When Dr. Jewett saw him, at 6.30, P.M., he was suffering from severe pain in the right side, in the region of the wound, vomiting, and belching of gas from the stomach. On examining the wound, an emphysematous spot the size of the *two hands* was seen surrounding the wound. The respiratory murmur was distinct over the whole of the right side, but somewhat feeble. On introducing the probe, it passed in, about half an inch perpendicularly. Dr. Jewett then inquired of Messrs. Fairman and Banks what position he was in, when the wound was received. On being informed as to this point, he passed the probe obliquely upward and backward for about two inches. He then told Dr. Churchill that the chest was punctured and the lung *probably* wounded slightly; but that it was not best to make any further explorations with the probe, although he was satisfied that the probe did not enter the chest, and told Dr. Churchill that it did not. Dr. Jewett informed Drs. Catlin and Churchill, at a later period in the case, that in consultation with Dr. Knight, they came to the conclusion that the air might have caused the emphysema in two ways. First, from a slight wound in the lung. Second, from the air entering the cavity of the chest through the bayonet wound, and being expelled by the act of respiration. But owing to the valvular character of the wound, we did not think it *probable* that the air entered the cavity of the

thorax in the latter way. Dr. Jewett recommended Dr. Churchill to give him morphine, and, as soon as the stomach was quiet, to give a full dose of calomel. He also changed the position of Banks on the bed, so that the wounded side was dependent. When this was done, the hæmorrhage, which had ceased, returned and continued for several hours. This afforded him some relief. The calomel was given some time during the night of Tuesday. On Wednesday, Dr. Jewett did not visit Banks.

Dr. Ellsworth saw him on Thursday, at the request of some of the military gentlemen of Hartford. At his interview with Dr. Churchill, Dr. Ellsworth insisted that the *lung* was not wounded; but apologized to Dr. Churchill for not having detected the puncture into the thorax, by saying that he was in an "Irish shanty without assistance." He warned Drs. Catlin and Churchill of the danger of inflammation, and recommended that he be bled "as soon as he would bear it." On his return to Hartford, he told the military gentlemen that the *wound* was of no consequence; that Banks was suffering more from indigestion than the wound; and that if he died, he (Dr. E.) "could not tell what killed him." He also said that the attending physicians had overlooked the condition of the stomach and bowels. The newspapers of Hartford stated, at this time, that they were assured by Dr. Ellsworth that Banks was not seriously injured, but was suffering from "pea-nuts" that he had eaten during the day, on Tuesday.

Dr. Jewett did not see Banks again until Thursday evening, at about 6.30. At this time Banks was suffering from pain in the right side and difficulty of respiration. His pulse was full, hard and frequent. The cathartic had operated with some relief to the pain in the stomach. He was put upon small doses of antimony, and the morphine was continued. He was also taking small doses of calomel. Auscultation and percussion at this time showed that there was air in the cavity of the chest. The sound, on percussion, was more resonant than natural. There was also decided evidence of inflammation of the pleura. Dr. Jewett, at this time, told Drs. Catlin and Churchill that the lung was partly compressed.

Dr. Jewett saw him again on Friday, at 6.30, P.M. He had been bled on Friday morning. On examination of the chest, the clear sound was more distinct at the upper portion, and for nearly two thirds of the anterior portion of the wounded side; but the lower portion was dull on percussion. Respiratory murmur to be heard at the upper part of the chest. Dr. Jewett remarked to Drs. Catlin and Churchill that there was both air and serum in the cavity of the chest. The left lung continued to perform its duties well, and showed no signs of compression; nor was there the slightest symptom of asphyxia. The pulse at this time was full, hard and frequent, about 130 in the minute. Dr. Churchill attempted to bleed him again on Friday evening, but did not suc-

ceed. He became somewhat faint, and the effort was not continued.

On Saturday, Dr. Jewett saw him again at 6.30, P.M. He was then in a hopeless state. His pulse was very small, frequent and thready, and slightly irregular. He was evidently failing fast. The left lung continued to act well, and showed no sign of compression. He continued to fail during the night, and until he died, on Sunday, at half past 2, P.M. There was not one solitary symptom of *suffocation* present. His life was undoubtedly prolonged by the fact that the left lung continued to perform its office to the last.

Dr. Jewett was unavoidably absent from Saturday evening to Monday morning; and consequently was not present at the *post-mortem* examination.

*Post-mortem examination of the body of C. W. Banks, made by Dr. J. Knight on Sunday evening, some 7 hours after death.* Present—Drs. J. Knight, B. H. Catlin, E. W. Hatch, A. H. Churchill and Willey.

Nothing unusual in the external appearance of the body, except the wound. Rigor mortis complete. Wound in the right side of the chest, 12 inches from the lower end of the sternum, 8 eight inches from the centre of the vertebral column, 12½ inches from the acromion process of the scapula. Wound 5-8 of an inch long. Intestines very much distended with air. The omentum very much injected with dark blood. The arch of the colon somewhat injected with dark-colored blood externally, internally healthy. The lower portion of the ileum, for 12 or 15 inches, injected with dark blood both externally and internally. Examined the next day, more diseased than it appeared to be at night. Mucous membrane very dark red and considerably softened. Could be scraped off with some difficulty. Stomach distended, very much, with flatus; containing from a gill to a half pint of dark greenish fluid. Coats of the stomach perfectly healthy. Liver full size and perfectly healthy. Gall-bladder small size, containing a moderate quantity of healthy bile. Spleen natural and healthy. Urinary bladder empty. Left kidney perfectly healthy; right not examined. The right cavity of the chest discharged a large quantity of fœtid air as soon as punctured. *The pericardium contained a full gill of yellowish turbid fluid, in which there was a deposit of white fibrinous matter, some of which adhered to the outer surface of the heart. The outer surface of the heart was rough. The appearance was that of a rapid inflammation. The right lung almost entirely collapsed, except a small portion at the top. Externally, the muscles immediately around the wound were of a dark color, and very much infiltrated. The probe, following a narrow wound, entered the cavity of the thorax, running obliquely upward and backward, passing over the 8th rib, and entering the chest between the 7th and 8th ribs. The right cavity of the chest contained, in addition to the air that escaped when it was first punctured, a quantity, from one quart to three pints, of a dark-colored offensive fluid. The inner surface of the cavity of the chest and the outer surface of the lung were very much roughened and nearly black; in fact, in a state of incipient gangrene, especially the inner surface of the chest. The right lung was injected with dark-colored blood. No wound was found in the lung.*

The above is a copy of the notes taken at the examination of Banks, and is correct. J. KNIGHT.

The foregoing is a full and correct statement of the case, with the *post-mortem* examination. By comparing this with the article in your JOURNAL for Oct. 13th, you will see that the latter is not a *true* statement of the case, but a gross *misstatement*. For example—

1st. It is *not* true that the probe was supposed to have entered

the chest. The history of the case shows, that if the bayonet did not pierce the chest, it must have been the probe used by Dr. Ellsworth; for we have no evidence of emphysema until after his examination. The emphysema disappeared rapidly after he was examined by Dr. Jewett on Tuesday evening. It did not increase.

2d. It is *not* true that the presence of serum was not suspected.

3d. It is *not* true that the case was treated as one of hepatized lung; and the "published testimony" does *not* prove this.

4th. It is *not* true that Banks breathed with only one half of one lung. The left lung did not suffer from compression.

5th. It is *not* true that Dr. Ellsworth was informed that the probe passed *into the lung* for two inches. Nothing of the kind was said to him, by either Drs. Catlin or Churchill.

6th. It is *not* true that the first examination by auscultation and percussion was made by Dr. Ellsworth on Thursday. It was made by Dr. Jewett on Tuesday evening.

7th. It is *not* true that Dr. Knight could not pass the probe into the chest, at the *post mortem*, without violence. It is true that this could not be done through the bayonet wound; but when the skin and cellular substance were dissected back and the internal wound disclosed, the probe passed readily and without any force, into the cavity of the chest.

8th. It is *not* true that Banks complained more of his bowels for "some three days" than he did of the wound.

9th. It is *not* true that Dr. Knight testified that there was no wound of the lung. He said that he did not expect to find the wound of the lung, but that it was *probably* wounded.

10th. It is *not* true that all the phenomena presented themselves that are found in asphyxia from empyema. There was not a symptom that indicated this.

11th. It is true that the pericardium was inflamed, and so was the surface of the heart, and covered with patches of lymph.

12th. The author of the article in question omits to mention that the *pleura* was in a state of *incipient gangrene*.

We have sent you the foregoing, simply that the profession may have an opportunity of reading a *true* statement of the case. Here we leave the matter, not being willing to enter into a controversy with your anonymous correspondent, who has taken such an unprofessional mode of bringing the matter before the public, as we are satisfied it would lead to a mere personal controversy.

P. A. JEWETT,

B. H. CATLIN,

A. H. CHURCHILL.

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MESSRS. EDITORS,—The published reports of the testimony of Dr. Catlin were imperfect and in some cases false. I stated that I did not examine the chest by auscultation at my first visit, Wednesday P.M. The most prominent and distressing symptom at that

moment being severe pain in the stomach and bowels, with tympanitis, I recommended thorough evacuation by unirritating cathartics and injections. His bowels were very torpid, but free evacuations were obtained Thursday morning, which afforded much relief, so that when Dr. Ellsworth saw him, early in the afternoon, he was more comfortable than at any time during my attendance. Dr. Ellsworth had made his examination before my arrival. He stated to us that he found a dulness of sound on the lower part of the right (injured) side; and there was some dulness also on the left side, which corresponded exactly with the result of my first examination made the same day, as far as the *right side* was concerned. I *never* found any difficulty on the *left side*, and the autopsy proved there was none. I designed to give only a very general statement of the case before the jury and Police Court. If I said there were symptoms of inflammation of the lungs, I used a word that did not convey my meaning. I intended to say inflammation of the chest. That was the idea I intended to convey. I never doubted there was inflammation of the pleura. Dr. Ellsworth suggested no change in the treatment, only that we bleed "*as soon as he would bear it.*" The danger, he said, was of inflammation. He said not a word about effusion or paracentesis. He never read to me a word from any medical author, though I saw him have a book with him. Drs. Churchill and Catlin could not have informed Dr. Ellsworth that *they* or Dr. Jewett had passed a probe *two inches* into the lung, for they never probed the wound at all; and never heard that any one ever claimed to have passed it even into the cavity of the chest, till they saw it passed at the *post mortem*.

I am unable to see that the personal matter, introduced in the last section but one in the article in the Journal, has any connection with surgical science or practice, or that it can be of any interest to the profession; but it is proper to answer it. Drs. Catlin and Churchill have no recollection of being requested to inform the friends of the prisoner, or the officers of the guard, if the patient grew worse; and never thought of the thing till they saw it in the Journal. The grand jurors or jury of inquest made arrangements for the *post-mortem* examination, without the knowledge or advice of Dr. Catlin, and against the advice of Dr. Churchill. On the contrary, they both opposed its being done Sunday night, and only consented to assist in it after the arrival of Dr. Knight, who said it was proper to attend to it then, and he must return in the 1 o'clock, A.M., train. B. H. CATLIN.

I fully concur in the above.

A. H. CHURCHILL.

New Haven, Oct. 22d, 1859.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 27, 1859.

SINGULAR HOAX.—The London *Medical Times and Gazette* of Oct. 8th contains the account of singular attempt at imposition, if the whole affair be not a complete hoax, which an individual in this country has attempted to perpetrate upon members of the medical profession in England, and which consists in an offer to sell medical diplomas to applicants without residence or examination. It seems that a Mr. Dale, of Yorkshire, has lately received a letter from an individual styling himself "Dr. Bellamy, T.P.S.S., Clarksville, Cayuga County, N. Y.," offering to transmit a Latin diploma, with a Latin thesis of 100 pages, with 200 printed copies of the same, for the following consideration:—£5 to the "Latin Secretary," as hush money, for presenting the proposal before the "Faculty," and £30 for Bellamy's services. The letter is dated "Auburn Street, Hudson, N. Y., Aug. 16, 1859." The writer proposes that Mr. Dale should act as agent in obtaining applications for these fraudulent diplomas, and gives the names of several parties in England who have already applied. He also acknowledges the receipt of £5 from Mr. Dale. The *Times and Gazette* states that Mr. Dale has no acquaintance with the writer, and has never transmitted money to America for the purposes alleged, and the same journal hopes "the universities of America will repudiate all connection with proceedings so questionable."

We can assure the *Times and Gazette* that there is not the least danger that any university or medical school in America would sanction such transactions. Either the letter is a most absurd hoax, or, what is more likely, is the production of an insane man. There is no "Latin Secretary" in any university or college in America, to our knowledge, and there is no such place as Clarksville in Cayuga County, N. Y. We do not believe it possible for a diploma (other than an honorary one) to be given by any American college to a person who has not attended the lectures and submitted to the examinations of all the professors who sign it. The absurdity of the thing is so palpable that we wonder that so respectable a journal as the *Times and Gazette* should treat it seriously.

VACCINATION.—In common with other members of the profession in Boston, we have received from Dr. CLARK, City Physician, some fresh vaccine lymph derived from stock recently obtained from the National Vaccine Establishment, at London, and accompanied by the printed instructions relating to vaccination which are promulgated by this establishment. Dr. Clark urges upon the profession the importance of *re-vaccinating* all the members of a family in which there happens to be a case of variola or varioloid, remarking that "it now seems quite proved that *all persons in whom re-vaccination has been repeated until it ceases to 'take,' will forever be perfectly secured against any attack of varioloid as well as of variola.*"

We hope this advice will be followed by all those having under their charge cases of variola and varioloid, and we would urge upon the

profession the importance of extending the practice of vaccination as far as possible, even among those who are not directly exposed to varicellous infection, in view of the epidemic which has now existed in Boston since February last, and which has already destroyed 83 lives, all of which might have been saved had the necessary precautions been taken, to say nothing of the vast amount of suffering occasioned by the disease in cases which were not fatal. The number of deaths has varied from 1 to 6 per week, there having been but eight weeks in each of which no death from this cause occurred. The apathy of the public on this subject is astonishing; not only do many persons neglect to be vaccinated, or to have their families vaccinated, but in many cases, through prejudice or obstinacy, they refuse to have it done. The fact is, there ought to be a city ordinance empowering the City Physician to enforce vaccination whenever in his opinion the public health requires.

THE CASE OF CHARLES W. BANKS.—We publish to-day a statement from Drs. Jewett, Catlin and Churchill, in reply to an article which appeared in this JOURNAL for October 13, on a case of death following a wound from a bayonet. Our readers will see that it places the matter in a wholly different light, and they will judge for themselves of the merits of the case. It is unfortunate that in a controversy like the present, the *facts* upon which the whole issue depends can only be derived from the statements of the parties concerned, and not from any source which, however respectable in itself, would be considered evidence in a court of justice. We have no desire to implicate either party in a perversion of the truth, but it is difficult to reconcile the two statements now given us.

The main points in the case are these:—Was the hydro-pneumo-thorax discovered before death, and when; and what was the treatment? Dr. Jewett states, that on the evening of Friday he discovered fluid and air in the right chest, and told Drs. Catlin and Churchill of the fact; this is the reverse of what we are led to infer from the first account. Of course the treatment of hydro-pneumo-thorax is plain enough, if its existence endanger the life of the patient: the chest is to be punctured. But according to the statement of Drs. Jewett, Catlin and Churchill, there were no signs of asphyxia, and the certified report of the autopsy shows that there was pericarditis, and also a condition of the pleura approaching gangrene, facts with which we now become acquainted for the first time, and which fully explain the critical state of the patient. Whether under such circumstances it would be advisable to operate, might well be a matter of doubt. What the exact circumstances were which should decide the question in this particular case, we have not the means of knowing.

We lament that the case should have given rise to a personal controversy, which rarely leads to a satisfactory result to either party. Whatever may be our own prejudices in this instance, our official opinion must be decided only by the facts, and until those facts are presented in a more authentic shape than at present, we must withhold the expression of any opinion on the merits of the case. For these reasons, also, we trust that the controversy will cease with the present number, and we will only add that nothing further can be admitted on the subject unaccompanied by the name of the writer, which is of course in all cases known to the editors.

MEDICAL SCHOOLS IN NEW YORK.—The introductory lecture at the opening of the winter session of the College of Physicians and Surgeons, was delivered on Monday evening, 17th inst., by Prof. Alonzo Clark, consisting in part of a eulogy on the late lamented Prof. Elisha Bartlett.—On the same evening, Prof. Van Buren opened the winter course at the University Medical College by an introductory address.—On Tuesday evening, the 18th, Prof. James Bryan delivered the introductory lecture at the New York Medical College, the subject of which was the "Medical Profession and its Claims."—The winter course of instruction at Bellevue Hospital was also opened on the 17th by the venerable and distinguished Dr. J. W. Francis. In stating the advantages of clinical instruction in New York, he remarked, according to the *Medical Press*, that *eight hundred* languages are spoken in that city! Has not our cotemporary exaggerated somewhat the real statements of Dr. F., who is remarkable for the accuracy of his facts? The *Philadelphia Med. and Surg. Reporter*, in noticing the address, has it *eighty* different languages.

SOUTHERN RESORT FOR INVALIDS.—Dr. Augustus Mitchell, a former correspondent of this JOURNAL in Maine, is about leaving his northern home for a permanent residence in St. Augustine in Florida. We understand that he intends paying particular attention to those invalids from the North who may seek a more genial climate, in that favored locality, for the restoration of health or the arrest of threatened pulmonary disease. It is also his intention to establish a botanic garden in Florida, for the introduction and cultivation of tropical plants. We trust his highly laudable plans will be attended with success to himself and to all others who may be interested.

ARREST OF EXCESSIVE EPISTAXIS.—Dr. E. A. D'Arcy, of Jerseyville, Ill., relates, in the *Philadelphia Medical and Surgical Reporter*, a case of profuse bleeding from the nose, which, after trying all the ordinary methods, was arrested as follows. A sheep having been killed, its œsophagus was ligated at one end and introduced through the whole extent of the nostril. Water was then poured into it, the front end was also ligated, and compression made upon it with the hands until the pressure produced severe pain in the nares. The bleeding at once ceased, and did not return. It may be well to state that the common intestine used in sausage-making was tried previous to the œsophagus, but burst in the nostril.

The winter session of lectures in the Massachusetts Medical College, it will be borne in mind, commences on Wednesday next, with an introductory by Dr. BOWDITCH.

HEALTH OF THE CITY.—The chief features of the mortality of the past week are 4 deaths from disease of the heart, 2 from smallpox and 2 from syphilis. The number of deaths of subjects under 5 years of age was 24. The cases of smallpox were both males, one a child, and the other an adult of 69 years. The patients who died from disease of the heart were all females, aged respectively 7, 47, 50, and 66. The total number of deaths for the corresponding week of 1858 was 60, of which 9 were from consumption, 1 from pneumonia, 1 from disease of the heart and 5 from casualties.

ERRATUM.—On page 221, tenth line from the bottom, the quotation marks should be omitted.

Books and Pamphlets Received.—Gustaf von Düben's Treatise on Microscopical Diagnosis. With 71 Engravings. Translated, with additions, by Prof. Louis Bauer, M.D., &c.

MARRIED.—At Holden, 20th inst., Albert B. Robinson, M.D., to Miss Susan L. Cheney, formerly of New York.

DIED.—At Hancock, N. H., Dr. Dewitt C. Hadley, aged 55 years.

Deaths in Boston for the week ending Saturday noon, October 23d, 68. Males, 35—Females, 32.—Accident, 1—disease of the bowels, 1—inflammation of the brain, 3—consumption, 19—convulsions, 2—croup, 1—cyanosis, 1—diarrhœa, 4—dropsy, 1—dropsy in the head, 2—dysentery, 1—debility, 2—infantile disease, 1—scarlet fever, 2—typhoid fever, 1—gangrene of the lungs, 1—disease of the heart, 4—hæmorrhage, 1—intemperance, 1—inflammation of the lungs, 1—disease of the liver, 1—marasmus, 3—old age, 1—palsy, 3—smallpox, 2—suicide, 1—syphilis, 2—æetling, 1—ulceration of the throat, 1—unknown, 3.

Under 5 years, 24—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 46—Ireland, 22—other places, 0.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXI.

THURSDAY, NOVEMBER 3, 1859.

No. 14.

CASE OF ACUTE RENAL DROPSY.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY R. M. HODGES, M.D.

I WAS first called to this patient June 30th, 1857. J. U., single, American, mason by trade. Is a fireman, and attributes his present attack, which has existed for three weeks, to overwork at a fire. But it is learned that during the last winter he worked at shoemaking, and in the spring went into the woods chopping, where he often got his feet wet, and recalls, on my questioning him, that he afterward had rheumatic pains. He has had none since, nor has he had any palpitation; the sounds of his heart are normal. The œdema, which is what he seeks advice for, commenced at his ankles; this has gradually mounted, and his legs and thighs are now enormous; his scrotum is as large as a man's head. Urine about $\frac{3}{4}$ viij. in 24 hours, coagulable with heat and nitric acid. He feels well, eats well and sleeps well. Pulse natural. Bowels regular, and is perfectly comfortable when lying down. He is ordered tinct. and syr. of squills, and decoction of uva ursi to drink.

July 1st.—He has passed more water, and feels stronger to-day. Encouraged by this slight improvement to treat him still further by stimulating the kidneys, I gave him, on the following day, pulv. jalap. comp., \mathfrak{g} ij., with cream-of-tartar water to drink. These operated powerfully, and he was better for several days, the œdema seeming to diminish.

From July 7th to July 27th, he had various diuretic medicines, digitalis, acetate of potash, turpentine, &c., but without advantage, his anasarca growing worse, and some effusion taking place into the peritoneal cavity. His bowels continued regular, and his appetite tolerable, but his general aspect was worse, and his countenance grew anæmic and sublivid. Urine remains constantly coagulable, and of a specific gravity ranging from 1025 to 1035.

July 27th, he was put upon the syr. fer. iod., with a meat and bread diet, with tomatoes. This treatment was continued until

Sept. 1st, when he had so much improved that the swelling and anasarca had nearly gone, large quantities of fluid having been discharged from his leg by cracking of the integuments. He walks about the house without difficulty, and goes up and down stairs. He passes about one quart of urine per day.

Sept. 15th, without assignable cause, his anasarca suddenly increased, and continued to do so until Sept. 20th, when he was larger than ever before. He takes tinct. digitalis and tinct. fer. chlor., each 3 iss. in the 24 hours, but without effect. He passes about a pint of urine per day. Specific gravity 1033, coagulating in almost a solid mass. His abdomen, face and arms are greatly distended; the skin is stretched and cracked underneath, so that fissures filled with serum may be seen everywhere, owing to their translucency. His legs have lost all shape, and are knotted and irregular, like those of a person with elephantiasis. He is able to lie down, but unable to help himself or move his arms or legs. Pulse feeble. Appetite gone, bowels sufficiently open, sleeps well. Acupuncture was used with benefit, and enormous quantities of serum discharged thereby. Sheets were soaked so full as to be wrung out, and he was greatly annoyed by the pool of water in which he was almost constantly lying. He was put upon wine and Griffith's myrrh mixture, with meat and fruit for diet.

Oct. 3d, anasarca was very much less, urine had reached more than a quart in quantity, and his pulse, appetite and general condition were better. He soon got able to sit up a little, but Nov. 13th, he was, on the whole, no better. Sometimes the urine increased in quantity and the dropsy improved; at other times, he was not so well, and there was no marked improvement on the whole.

From Nov. 29th to Jan. 5th, 1858, he had no treatment or medical advice. On Jan. 5th, he had a convulsion and was comatose and insensible for many hours after. His dropsy, without being as bad as it had been, was worse than when I last saw him; it was more in his arms and face than I had ever known it to be. Under the use of stimulants, he rallied in the course of forty-eight hours from the stupid and lethargic condition in which the convulsion left him, and under wine of iron the improvement in all respects was rapid, so that, Jan. 19th, he rode to Bridgewater in a wagon, without fatigue.

April 15th.—Has regained his health sufficiently to walk about and work a little in the garden.

Aug. 13th, 1859.—He came to see me. He looks well and healthy, but is very thin. Says that last winter he had a return of general anasarca, without known cause, which lasted several weeks, disappearing with the use of wine of iron. His legs even now pit a little on pressure, especially after fatigue, but he is able to work on the farm, and do his day's mowing like any one else.

This account, rather than report, of a case, presents the following points of interest.

1st. The high specific gravity of the urine in connection with so large an amount of albumen.

2d. The non-success of diuretics.

3d. The success of tonics.

4th. The enormous enlargement and deformity caused by the anasarca, and of which one who did not see the patient can form no idea.

5th. The recovery from symptoms of so grave a character and of so long duration, and the rapidity of the final improvement on a change of residence.

MORTALITY, &c. OF EUROPEAN CITIES.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Not long since, a friend in Paris wrote for my opinion on certain points respecting the complaints of one of his children, with whose constitution I was familiar, and for advice under certain contingencies. My reply elicited a communication, from which I make the following extract, which will no doubt be of interest to many of your readers. If you think it of sufficient value or importance for permanent record in your JOURNAL, it is at your disposal.

Respectfully yours,

West Newton, Ms., Oct. 12, 1859.

C. F. WINSLOW.

“In point of health, Paris is the fourth city in Europe—the order of the smaller average mortality in the principal cities being as follows: London, 1 in 42 per year; Madrid and Moscow, 1 in 35; Paris, 1 in 30; Copenhagen, Naples, Dresden, Amsterdam, Stockholm, Vienna and Venice, ranging from 1 in 22 to 1 in 27. The difference is largely in favor of London; and with the exception of Nos. 2 and 3, no great difference exists in the other eight. The different countries do not follow exactly the same order as their capitals, for I find the following order: England, Sweden, Belgium, France, and the balance tolerably regular. England and London, France and Paris, maintained, however, their relative positions, the former being about *one fourth* more healthy than the latter. If these statistics, taken from official documents, are worth anything, they most certainly show that, for some reason or other, bright, fashionable, pleasure-producing Paris is nearly as destructive to human life as Naples with its rags, filth, lazaroni and earthquakes; and smoky, dingy, sooty London, the healthiest city in Europe, if not in the world. I have been astonished, *am* astonished at the result of my examinations; and had I drawn this information entirely from *English* sources, I might have doubted the figures. But the official documents of Paris, and the works of Foissac (“*De l’Influ-*

ence des Climats sur l'Homme"), exactly conform to English authority, so that the truth of the tables is beyond doubt.

"With regard to the quantity of rain, the number of days on which rain falls, and the average temperature of London, Paris, and some other cities, I find the following, the result of *fifty years'* observations:—

"London, cubic inches of rain per year, 24.80; Paris, 18.62; Rome, 31.17; Nice, 26.81; Florence, 31.68; Naples, 29.09; Genoa, 51.63!!; Venice, 32.09; Brussels, 17.92; Geneva, 28.00. I introduce this table to show that London is much *less* rainy than most other cities, although of a damp atmosphere, and *usually* considered a very *wet* place. In fact, there are but two or three cities in Europe that have less rain than London. The number of days on which rain falls, and the average standing of the thermometer, are as follows:

| | | | |
|---------------------|--------|-------------|-------------|
| London, rainy days, | 152 | Mean temp., | 50.39 Fahr. |
| Paris, " | 152 | " " | 51.20 " |
| Rome, " | 106 | " " | 60.70 " |
| Nice, " | 94 | " " | 59.48 " |
| Florence, " | 120 | " " | 59.00 " |
| Naples, " | 107 | " " | 61.40 " |
| Genoa, " | 189 !! | " " | 60.37 " |
| Venice, " | 117 | " " | 56.25 " |
| Brussels, " | 76 | " " | not given. |
| Geneva, " | 102 | " " | 48.50 " |

"From this table it will be seen that no great difference exists between London and Paris. I have noted London and Paris, in particular, for the reason that in one of these cities, or in its vicinity, I shall spend the coming winter."

RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE, AND UPON THE TUBO-OVARIAN MUSCULAR APPARATUS, &c.

[Continued from page 236.]

THIS fact, in my opinion, demonstrates decisively that, contrary to the opinion of Kölliker, the enlargement of the areolar spaces of the corpora cavernosa is only a secondary effect, and that the immediate cause of the erection is a temporary obstacle to the flow of the blood back by the veins; and this, moreover, is the opinion generally adopted. But wherein consists the obstacle to the venous circulation? Upon this point there is very little agreement.

Houston, Kransc and Kobelt attributed the compression of the veins of the penis to the contracted bulbo-cavernosa and ischio-cavernosa muscles; but Kobelt himself, who has really made this theory his own, by the ingenious developments he has given it, admits that neither of the two forementioned muscles are in truth capable of acting upon the deep-seated and voluminous veins which

emerge from between the roots of the corpora cavernosa. We must conclude, then, that the contraction of the bulbo- and ischio-cavernosa muscles are powerless to produce erection; they only hasten, and in some way direct it into particular portions.

It is impossible to find an explanation of erection, which is applicable to this phenomenon, considered under a general aspect, and not exclusively as the special erection of the organs of copulation; we cannot look for an explanation of this kind elsewhere than in the structure common to all erectile organs, and in the contraction of the muscular fibres which are there essentially an integral part. This opinion already exists among scientific men, but so vaguely as to leave, so to speak, everything in doubt.

How can contraction of the muscular trabecules which, when it manifests itself under the influence of cold, forces the blood from the interior of the corpora cavernosa and diminishes so remarkably the volume of the penis, produce a diametrically opposite effect, the retention of the blood in the sinuses, and the increase of the size of the penis? Is it necessary to suppose a nervous action, peculiar, and invented to answer the requirements of a cause which limits the contraction to the trabecules surrounding the orifice where the veins emerge? It is sufficient to admit a fact verified in every organic muscle, in the heart, the intestines, and the uterus, that contraction commences at a point, generally at one of the extremities of an organ, and transmits, or tends to transmit, itself gradually; and that in the particular instance of the organs of copulation, contraction begins before the bulb and the roots of the corpora cavernosa, or at least just at them. It is in the region of the vesiculæ seminales, whose distension is the prime cause of natural erection, that the kind of spasm originates, which, developing in the complex muscular apparatus of the urinogenital sinus (the muscular fibres of the prostate, of the membranous portion of the urethra, the muscle of Wilson, &c.; see my *Recherches sur le type des appareils musculaires des organes genitaux*, 4to, Paris, 1855), transmits itself gradually to the fibres at the root of the corpora cavernosa and the bulb, and tends to propagate itself throughout the whole length of the penis. But the obstacle opposed to the flow of the blood in the veins of the plexus of Santorini, by the incipient muscular contractions, has brought about, for its immediate effect, the dilatation of the areolar spaces of the corpora cavernosa by the blood, and the tension of the liquid contends strongly against their muscular tonicity up to the very moment, when, the ejaculation being over, the spasm subsides by degrees, in the very portion where it originated, and the circulation recovering its freedom, the muscular contraction at last overcomes the distension by the blood, expels a portion of it, and gradually restores the penis to its natural dimensions.

If, in every organ really erectile, the muscular fibres embrace in their reticulated structure the vessels for the return of the

blood, these canals and arteries present themselves accordingly, under the determinate conditions of form and volume necessary for the production of the phenomenon of erection.

The first and most essential of these conditions, is that the dimensions and number of the vascular canals should be such that their state of repletion or emptiness can determine the changes in the form, the volume or the position of the organ, and in that case the vascular system constitutes nearly half of the total mass of the organ, and in the majority of cases much more.

This predominance of the vascular mass is principally owing to the enormous development of the vessels of distribution (capillaries) and return of the blood (veins) in the form of tortuous canals (retiform plexuses) or freely anastomosing sinuses. The particular arrangement which the arteries in these organs present, is a fact not less important in determining the uniformity of the composition of erectile organs, and which, made clear by my first observations, has guided me in all my researches.

We know, since the researches of J. Müller, that the arteries of the erectile tissue of the penis show a peculiar arrangement, indicated by the term *helicine arteries*; but in spite of the controversy which this question has raised between Müller, Valentin and Henle, and the researches of Krause, Erdl, Hyrtl, and more recently of Kobelt and Kölliker, it is very far from having received a complete and definite solution. It is not my intention, in this place, to set forth or discuss these different opinions; I will simply state that Müller has described, under the name of *helicine arteries*, arterial ramifications twisted in a spiral form, or simply clubbed and dilated at their extremities; he supposed, at first, that they opened into the cavernous sinuses, in the centre of which they project, whilst more recently he considers them to be like simple varicosities where a diverticulum terminates in a cul-de-sac. "Since Valentin and Henle have shown that the *helicine arteries* are artificial productions, resulting from the trabecules after being cut across, rolling themselves in a spiral, or from certain vessels retracting themselves into the interior of the distended trabecules, most anatomists reject their existence."—(Kölliker.)

Kobelt, nevertheless, admits the existence of these arterial *diverticuli* in the corpora cavernosa of the penis, in the bulb of the urethra and even in the glans; but all in giving them the name of *diverticuli* adopt, as it appears to me, the first opinion of Müller, and consider them as open at their extremity, and having for their office, as he says, to assist the flow of blood in the venous spaces, in the midst of which they are freely suspended. As to Kölliker, he confirms the existence of *helicine arteries*; but whilst Müller points out that the lateral portions or the extremities of the *helicine arteries* sometimes send off capillary arteries which ramify in the spongy tissue of the penis, Kölliker himself appears disposed to regard this fact as a general one, but with limitation; according

to him, it is not possible to prove with any certainty that these culs-de-sac always have a simple form, and adds that it is possible that Müller had more proof upon this point.

The uncertainty of these results are, in my opinion, due to two causes; to the imperfection of the methods of investigation, and especially to the too restricted point of view from which the question has been studied.

It is difficult, not to obtain, but to observe properly, a full injection of the arteries of the corpora cavernosa of the penis. An injection which will penetrate and become solid like gelatine, passes very easily from the arteries into the areolar spaces of the corpora cavernosa; under these circumstances, we cannot see the arterial termination without clearing away the injected matter, fragment by fragment, and that cannot be done without pulling, and without ruptures that essentially change the normal appearance of the parts. If we stop the injection before it has distended the sinuses, then the arterial terminations are not filled up, or, more frequently still, they contract upon themselves after having been distended, and force the injected liquid into the areolar cavities upon the walls of which they open. In both these cases, the appearance which the arteries take on where the injection stops, becomes the source of the majority of the errors. On the other hand, the microscopic examination of preparations which have not been injected, a process, which it appears was followed by Henle, demands a very high magnifying power, allows the examination of only a portion of the arterial tree, and does not give an accurate idea of its general arrangement. An injection which completely distends the vessels is indispensable to give them the volume and form which they present during life; but it is also necessary to verify the results gained from an examination of portions which have been injected by a microscopic examination with the assistance of suitable magnifiers.

I have obtained injections which were complete and easy to study, without producing great derangement, by first forcing into the arteries spirits of turpentine highly charged with coloring matter, and afterward a mixture of tallow, wax and Venice turpentine, in such proportion that the mass will remain perfectly liquid at 40 deg. centigrade, the temperature of the bath in which it was plunged; the injection, which is to harden, takes the place, in a great measure, of the liquid injection which filled up the arterial divisions, and forces that into the network of the erectile tissue, which is easily freed from it by simply washing. It is sufficient, after this, to remove the fibrinous envelope, make an incision into the spongy tissue over the passage of the principal branches, and carefully spread the preparation upon a glass plate. Desiccation does not in any way alter the form or the volume of the arteries filled by the solidified injection, and by rendering the tissue of the trabecules perfectly transparent, allows them to be examined by

magnifying powers of from 20 to 60 diameters, without laceration or any previous compression. I may be excused for entering into these minute details of practice, in consideration of the fact that it is from having neglected them too much, that eminent anatomists have not as yet been able to give a satisfactory solution to an anatomical controversy which has existed for more than twenty years. In preparations obtained by the method I have just described, we do not find the tufts of *diverticuli* figured by Müller; and when, as occasionally we do, we see a little branch, short, and as it were terminated by a dilatation into a cul-de-sac, it is sufficient to increase the magnifying power, or turn the preparation round, to show, under our very eyes, the convexity of an arterial loop or an extremity of an artery broken or emptied of the injection. These appearances are as much more rare, as the higher magnifying power enables us the better to examine these details. With a magnifying power of thirty diameters, we scarcely see them shown twice or three times in the whole of the ramifications of the artery of the bulb. I will say this much concerning the *diverticuli* pointed out by Müller and admitted by Kölliker as a general fact, which are terminated abruptly in an exceedingly minute vessel—that where we observe them we can prove, by other marks, that the injection has been incomplete or has gone wrong. I will adduce the proof of this forthwith. I will in the first place remark, that by merely looking at the figures of the first memoir of Müller, we arrive at a conviction which the text goes still further in confirming; it is that that eminent anatomist has described the results from very imperfect injections only; in figures 1, 2, 3 and 5, of his memoir, we see fine threads of injection enveloped in a membranous sheath whose diameter is in many respects larger than that of the opening of the artery even. We cannot understand how Müller, who knows very well that a full injection renders this sheath invisible, should not have been led into the way of the true interpretation of the facts which he observed.

As for myself, not content with having determined that the description given by Müller could not apply to the actual arrangement of the arteries of the corpora cavernosa, I was desirous of placing myself under the same conditions for the purpose of observing the very facts which had occasioned his mistake. Agreeably to my conjectures, an examination with a magnifying glass, after a short dissection, showed me among the arteries of the bulb and the corpora cavernosa of a subject intended for dissection, at the rooms of the Practical School (a subject whose arterial system had been filled without any great care, by a mass of common injection), numerous tufts of helicine arteries, such as Müller and Kölliker have figured, and in the same way I verified the presence of the thick transparent envelope, already mentioned.

[To be continued.]

HOSPITAL STATISTICS.

GUY'S HOSPITAL, founded by Thomas Guy, in 1721, for the reception of 400 patients, and recently enlarged through the aid of a large bequest from the late William Hunt, contains at the present time nearly 550 beds; and, with its extensive buildings and airing grounds, occupies an area of about seven acres. The hospital is divided into medical, surgical, clinical, ophthalmic, uterine, and venereal wards, independently of a ward, in a detached building, for lunatic patients, the vacancies in which the governors of the hospital have of late years forborne to fill up. In the year 1857, 44,281 persons were relieved by its means; 5,226 as in-patients, 9,889 as out-patients, and 25,886 as casualties, besides 1,731 women who were attended in their confinements, and 1,549 who received advice from the Lying-in Charity. Four hundred patients are now received into the original building of Guy, and one hundred and fifty into the part of the new wing already completed; the latter building, when finished, will admit three hundred persons.

ST. BARTHOLOMEW'S HOSPITAL contains 650 beds, of which 420 are allotted to surgical cases and diseases of the eye, and 230 to medical cases and the diseases of women. The number of patients is more than 95,000 annually; the in-patients amounting to upward of 6,000, the out-patients and casualties to more than 89,000.

THE LONDON HOSPITAL contains 445 beds, of which 135 are allotted to medical, and 310 to surgical cases; of these 310 beds, about 190 are exclusively appropriated to cases of accident. In the year 1858, the hospital received 27,790 patients, including 3,976 in-patients and 23,814 out-patients. The accidents brought into the hospital, during 1858, were 11,529, including 2,090 in-patients and 9,439 out-patients.

THE MIDDLESEX HOSPITAL, from recent enlargements, contains upward of 300 beds, of which 185 are for surgical and 120 for medical cases. The cancer establishment receives 33 patients. Wards are specially appropriated to cases of uterine disease and of syphilis. 2,109 in-patients were admitted during the past year. The number of out-patients during the same period amounted to 16,469.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—This hospital set the example in London, in 1816, of receiving the poor on their own application, without letters of recommendation. During 1857, 6,315 persons were treated, of whom 160 were admitted into the hospital, and 6,155 were treated as out-patients; of these, nearly 2,000 were children of tender age. The principal operations were—57 for hard cataract; 49 for soft cataract; 14 for the formation of artificial pupil; 220 for strabismus; 227 for the removal of tarsal tumors; 5 for the removal of deformity of staphyloma; 3 for the removal of tumor in the orbit; 2 for osteal

abscess; 1 for extirpation of the eyeball, on account of malignant disease. In addition, several hundred minor operations were performed.

ROYAL ORTHOPEDIC HOSPITAL.—The daily attendance of out-patients exceeds 100, the average number annually being 1,600; and the number admitted from the commencement exceeds 21,000. Out of this large number, it is stated, not one death has occurred under treatment, neither has there been any instance of permanent suffering or injury.

LOCK HOSPITAL, LONDON.—Patients treated, from Jan., 1747, to 31st Dec., 1857, 74,389. In-patients cured from 31st Dec., 1857, to 31st Dec. 1858, 333; out-patients ditto, 2187; in-patients, 31st Dec., 1858, 52; out-patients ditto, 269; died, 2—2,843. Making a total of 77,232.—ASYLUM.—Admitted from July, 1787, to 31st December, 1858, 1,555; restored to their friends since the opening of the institution, 309; placed in respectable service, ditto, 391; died, ditto, 22.

GLASGOW ROYAL INFIRMARY.—When the buildings at present in progress are completed, the accommodation will be much increased. Number of beds, 600. During the year 1858 the number of in-patients treated was 3,500. Out-patients: 10,422 were treated at the dispensary. Operations during the year, 185; amputations, 60; excision of tumors, 32; excision of bones and joints, 8; reduction of dislocations, 23; lithotomy 13; various 49.

THE LYING-IN HOSPITAL, RUTLAND SQUARE, DUBLIN.—This hospital, established in 1745, and chartered by George II., in 1756, is the largest establishment of the kind in the British dominions, and contains 130 beds, 15 of which are appropriated to the diseases of females. About 2,000 women are annually received into the institution.—*London Lancet*.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

OCT. 10th.—*Placenta Prævia*. Dr. COALE reported the case. Mrs. S. had had two miscarriages previously—one at an advanced period, traced to a prolonged ride on horseback. Of late her health had been very good. She was dated in Dr. C.'s book for the middle of November, but information gathered since makes him think her time would arrive about the first of November, if not sooner. Whilst undressing, at 10, P.M., Oct. 6th, she was suddenly seized with a profuse flow. Pains came on speedily. Dr. C. reached her within half an hour of her first seizure. He found her in bed, flowing at times very profusely, and having short, sharp, irregular pains. On examination, the vagina was found filled with coagula, and at first the os tinæ was so high it could not be reached. After a little while it came down, and was found to be dilated to about the size of a dime. It was firm and

hard. The cervix had entirely disappeared. Passing the finger in, large clots were found, and on one side was felt the detached edge of the placenta. It being hopeless to induce speedy labor in such a condition of the parts, the only resource seemed to be to stop, if possible, all uterine action, until the mouth of the organ was in condition to permit the contents to be expelled, and until the organ itself was ready to enter more fully and regularly into expulsive action. Forty drops of McMunn's elixir of opium were given, producing some effect in the right direction, and this treatment was cautiously followed up during the night. In the morning, the flow had ceased. Through Friday, the 7th, one or two spirts of blood took place, but the effect of the opium was still continued. Friday night and Saturday were passed very comfortably, under the influence of more or less opium, as the case seemed to require, from hour to hour. At 7, P.M., Saturday, Oct. 8th, pain set in actively and strongly. Dr. C. saw her at 7½, and found dilatation advancing. It was a breech presentation, the child dead. Delivery took place at 9½ o'clock, the placenta following immediately. The cord was fifteen inches in length, giving one more case for those who think the situation of the placenta within the "cervical zone" due to shortness of the cord. The placenta presented a singularity in being, in fact, two separate and distinct placentæ, one half the size of the other, and connected only by a narrow isthmus of bloodvessels an inch and a half in length.

Oct. 10th.—*Hydatids from the Liver.* Dr. MIXON showed a phial containing a quantity of hydatids, varying in size from that of a pea to that of a horse chestnut, and related the following case, as reported to him by a friend of the patient.

A lady, æt. 35, several years married, but never pregnant, has always had some catamenial irregularities, the nature of which is unknown. For several years past she has had pain and uneasiness in the right hypochondrium, the pain shooting to the back, and up into the right shoulder. In the spring of 1856, while in New Orleans, she was seen by a physician, who detected an obscure tumor in the right hypochondrium, which he described as feeling like a *watch*, deeply seated beneath the integuments. At this time she had considerable prostration.

In April, 1857, while at Marblehead, a large tumor developed itself rapidly in the same spot. It embarrassed the respiration, and compressed the right lung, so that no respiratory murmur could be heard except in the upper part of the right chest. It was excessively painful, and tender. One night she had several enormous evacuations from the bowels, the discharges being clear, colorless, fluid, and excessively fœtid. The tumor almost wholly disappeared at once. She was extremely prostrated, and had much fever, from which she slowly recovered.

About the 1st of June, 1857, she began to cough, and to expectorate frothy mucus. About Sept. 1st, she began to cough up hydatids of various sizes. This occurred about twice a week, two or three being discharged each time, with a sensation as if they were detached from the lower part of the right lung. The tumor diminished, and in October, 1857, could no longer be felt. Her health steadily improved, and she is now, Sept. 27th, 1859, quite well. She has not coughed up any hydatids for three months.

Oct. 10th.—*Softening of the Spinal Marrow in a Pigeon.* Dr. JACK-

sox said that he had examined such a case within a few days. The bird flew violently down into the yard of Dr. Putnam's house, struck the wall, fluttered about for a few moments, and died. Dr. J. examined all the organs very carefully. The softening referred to extended throughout the whole sacral region, but not into the dorsal; it was diffuent, with some greyish discoloration, but no appearances of pus nor lymph; otherwise the spinal marrow was quite healthy, as was the brain, over its whole convexity. The crop contained some food; in the gizzard was a plum-stone, of the largest size. The intestine, for the last ten inches or more, was perfectly crammed with the coarse debris of the food, and looked as if nothing could have passed from it for a long time. The urinary duct, just before it opened into the cloaca, was rather abundantly distended by an opaque, white mass, which did not look exactly like concrete urine, and which dried somewhat like fibrin. The surface of this mass, when recent, was nearly covered with small granulations that seemed to be received into little pits in the surrounding membrane, and this last was everywhere adherent to the mass, though easily enough separated from it. The obstruction appeared to be complete, and yet the duct above contained but little urine, and did not seem to be dilated, nor thickened, nor was the intestine, above the obstruction that has been referred to. The other organs were quite healthy.

Dr. J. thought the collections above described were to be explained by paralysis, the result of spinal disease, and that there had probably also been a palsy of the lower extremities.

OCT. 24th.—*Hæmaturia; Cancer of the Kidney, Liver and Lung.* Dr. C. E. WARE reported the following case, which he considered of interest in connection with the diagnosis of diseases of the urinary organs. The patient was a tailor, 60 years old, who entered the Massachusetts General Hospital early in the summer, having had hæmaturia for a year, without any violent symptoms. Last December, he was attacked with pain in the right renal region, which never entirely left him. At his entrance, the pain was quite local, sometimes paroxysmal, and often intense. The abdomen was distended and tense, preventing an examination of its contents. The urine contained a moderate amount of albumen (which probably came from the blood), but no pus. No casts of tubuli, or other evidence of renal degeneration, were ever found in it. There were, at entrance, no pulmonary, hepatic or stomachal symptoms, nor were there any distinct signs of cancer. Renal calculus was presumed to exist. About the middle of August an examination of the abdomen showed an enlargement of the liver, which extended two inches below the ribs, and quite across the epigastrium. This made the existence of malignant disease much more probable. After his entrance into the Hospital, the patient was attacked with cough, which constantly increased, and was accompanied with opaque muco-purulent expectoration, but there were no physical signs of grave pulmonary disease. The patient died Sept. 10. At the autopsy were found several nodules of cancerous disease, each about an inch in diameter, in the lungs. The left lung was composed of three lobes, the middle, and smallest, being in the third stage of pneumonia. The liver contained numerous masses of cancer, some of which projected from its surface. The upper half of the right kidney was converted into a homogeneous, whitish substance, resembling cancerous growths found elsewhere. The left kidney

was quite granular externally, and was also infiltrated with cancerous disease. There was a large amount of serum in the peritoneal cavity.

Dr. Ware remarked that the condition of the liver reminded him of the case of a woman who had all the signs of bronchitis; and in whom the liver was discovered to be enormously enlarged, with tubera easily to be felt on its surface. The symptom of hæmaturia was often obscure, and in a case like the present might mislead. He once saw a gentleman, who, after violent exercise in mowing, to which he was unaccustomed, had a sudden attack of hæmaturia, evidently from the kidney. The hæmorrhage continued at intervals for three or four months without any other symptoms, and the patient recovered perfectly. A year ago he saw another case in which hæmaturia continued some time without any other symptom, and the patient is now well. In this case, the hæmorrhage was spontaneous. The present case was very remarkable from the absence of casts, epithelial cells, or other evidence of degeneration of the kidney, in the urine.

Bibliographical Notices.

An Introduction to Practical Pharmacy; designed as a Text Book for the Student, and as a Guide to the Physician and Pharmaceutist. With many Formulas and Prescriptions. By EDWARD PARRISH, Graduate in Pharmacy, &c. Second Edition, greatly enlarged and improved. With two hundred and forty-six illustrations. Philadelphia: Blanchard and Lea. 1859. 8vo. Pp. 720.

THE demand for a new and improved edition of this most excellent work is an encouraging indication of the progress of Pharmacy in our country. We have already expressed a favorable opinion of the first edition, which was printed in 1856. The present one is still more worthy of a favorable reception by the public. It includes all the discoveries and improvements which have been made within the last few years in Pharmacy, and the work has accordingly been enlarged to no inconsiderable extent. The size of the page has been enlarged, and some parts have been printed in smaller type; besides which, about two hundred pages have been added, with many engravings. We wish that every apothecary in the United States might possess a copy of this work; we are sure that all will, who desire to be known as scientific and careful pharmacutists. The medical profession have also much interest in the work, not merely on account of its influence on the progress of pharmacy, upon which their success in the treatment of disease so much depends, but because it contains a large amount of information of the greatest practical utility to every physician. To them as well as to apothecaries we commend Mr. Parrish's treatise in the highest terms. For sale by Ticknor & Fields.

A Practical Treatise on Operative Dentistry. By J. TAFT, Professor of Operative Dentistry in the Ohio College of Dental Surgery. With eighty Illustrations. Philadelphia: Lindsay & Blakiston. 1859. 8vo. Pp. 383.

THIS is a very complete treatise on filling and extracting teeth, pivoting teeth, and the treatment of diseased conditions of the teeth and al-

veolæ. A short chapter on anæsthetics concludes the work. The manufacture and adjustment of artificial teeth (except on pivot), does not come within its scope. An examination of Mr. Taft's treatise enables us to speak most favorably of it. It is very thorough and very clear, showing that the author is practically familiar with the art which he teaches. The engravings are abundant and excellent, and, in fact, the whole mechanical execution of the volume is admirable, and reflects much credit on the publishers. For sale by Ticknor & Fields, Boston.

A System of Dental Surgery. By JOHN TOMES, F.R.S., Dentist to the Dental Hospital of London, and to the Middlesex Hospital. With two hundred and seven Illustrations. Philadelphia: Lindsay & Blakiston. 1859. 8vo. Pp. 686.

THIS is a most comprehensive work on the development of the teeth, their structure, their diseases and the treatment, the diseases of the gums, and the mechanical operations of dentistry. The first 297 pages are devoted to the subject of "teething," and contain a complete account of the structure and development of the teeth, executed in a most masterly manner. The second part, under the head of the "dental tissues," treats of caries, necrosis, and the other diseases of the teeth and of the alveoli, and includes a description of the operations for filling teeth, and other means of arresting decay. The third part is devoted to diseases of the gums, and their treatment; and the remainder of the work treats of mechanical injuries of the teeth, diseases of the antrum, the operation of extraction, pivoting teeth, &c. The character of the work fully sustains the eminent reputation of the author. It is a book which no dentist should be without. The engravings and the printing are beautifully executed. For sale by Ticknor & Fields.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 3, 1859.

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NATIONAL PECULIARITIES IN DIET.—The health of a people must depend, in no small degree, upon the usual quality of its food, and the habits formed in consuming it. And this must be allowed to be true, even while we acknowledge the almost unlimited capacity of the human stomach to dispose of the most varied, and, too often, the most inappropriate articles. Not to dwell upon the peculiarities in diet which are mainly due to climatic influences—such as the enormous ingestion of fatty substances in very cold regions, demanded by the necessities of the human constitution, and the large consumption of fruits and light farinaceous articles in warm latitudes—the every-day usages of the inhabitants of the temperate zones, so familiar to us, are not unworthy of a closer consideration than is commonly accorded to them, both in a hygienic and dietetic point of view.

That no standard can be set up as applicable to all, in regard to the amount of food to be taken, is undeniable. Countless circumstances

combine to render this a variable quantity ; but it may be safely asserted that, generally, far too much food is taken by those whose means allow them to indulge their palates and overload their stomachs. This is true on the sea as well as on the land : as we lately had occasion to remark, when noticing the dietetics of our luxuriously-appointed steam-packets. If we were to particularize, we should say that the Englishman is more prone to exceed in taking solid food, and the Scotchman in his potations—although we can testify to an improvement in this latter respect, in many parts of the land of “barley-bree.” The Irishman, when he is provident enough to get anything like abundance, is very apt to combine the faults of his fellow-islanders ; and, when transplanted to Scottish shores, testifies his decided preference for their whiskey over that of his own land. The American has a fault which is fully as destructive to individual and to national health and vigor, as either of the others mentioned—although the results are not so immediate. We refer to the *rapidity* of swallowing, so long and so unfortunately a characteristic of the inhabitants of the States. This is a trite subject, but not the less a most important one, and which it is the duty of the medical profession always to bring prominently before the people. An adjunct evil is the too great variety of supplementary articles consumed amongst us—an error observable elsewhere, it is true, but, as we think, especially noticeable in our country, and expressed, often, in the providing of sweetmeats and knick-knacks of various sorts, which tickle the palate but tease the stomach. The astonishing quantity of confectionery consumed amongst us can hardly be estimated, but it is both preposterous and enormous. We have heard of young persons at school, who not only lavished all their pocket-money in the purchase of candies, cakes, &c., but even ran largely in debt for similar destructive edibles. This vicious appetite prevails to a greater extent still, in hot latitudes. We have known young Cubans, and youth from our Southern States, who had nearly destroyed their health by these deplorable habits.

The influence of different climates must essentially affect national dietetics. We have already intimated our intention of not discussing this portion of the subject. It may be said, however, that the climate of Great Britain seems to allow of the freer use of spirits and malt liquors than our own does, with impunity, and often with benefit. In expressing this opinion, we are by no means contradicting ourselves—there may be intemperance in any country. Yet if the Briton, be he Englishman, Scot, or Irishman, habitually take spirits—and it is the exception if he does not—and even freely, not to say very frequently to excess, the constitution of such a man, on the average, endures the habit much better and longer than that of the hard or even the moderate drinker with us. Now, something of this is doubtless owing to the *quality* of the liquors used. There can be no doubt but this is superior in Great Britain. The adulteration of liquors is doubtless great everywhere ; but more good wine, whiskey, ale and porter, it will be allowed, is obtainable and used in Great Britain than with us. Another thing which has a very strong influence in prolonging the endurance of the spirit-drinker’s constitution in the British Isles—and that, even when he does not get the best liquors—is, that, as a rule of almost universal application, nearly all the drinking is done at, or after, dinner. The stomach, it is easy to see, will far more easily endure this sort of treatment, than it does the *ante-prandial* libations to which

it is so constantly subjected, by such crowds, in the fashionable drinking "saloons" and low tippling shops of our large cities. The use of the wines of France and Germany, by the inhabitants of those countries, is rarely if ever injurious; and the abuse of spirituous liquors there, as is well known, is comparatively very infrequent. With respect to the general immunity of those who drink no spirits *before* dinner, we have lately observed some noteworthy remarks in the *Dublin Quarterly Journal of Medical Science* for May, 1859, in an article devoted to reviewing Mr. Smee's late work on "Debility and Defective Nutrition." The writer says:—"And here, perhaps, we may be permitted to state a conclusion to which our experience has irresistibly drawn us—it is this, that people who confine their excesses to *after-dinner* potations rarely suffer from delirium tremens. We are acquainted with many members of the old school—a school, happily, passing away from amongst us—who would not consider the business of the day brought to a satisfactory conclusion did they not go to bed drunk, or, at all events, in a state closely bordering on inebriation, being accustomed for some forty or fifty years of their lives to drink far beyond what is at present tolerated by the usages of society. These parties to whom we now allude never suffered from delirium tremens; *but they never drank before dinner*; up to that meal they were constitutionally abstemious." After referring to a remarkable instance of a gentleman (now an octogenarian, and whom his family never remember as having gone to bed sober) who not only was exempt from any ill effects of his long-continued excesses, but recovered well from a fracture of the thigh only a few years since—the reviewer accounts as follows for these remarkable facts:—"The explanation of such an exception from what appears to be the curse attached to excessive indulgence in this vice is, we think—that people of these habits are enabled to enjoy, at all events, one, if not two, meals; they make a good dinner, if not a good breakfast, and thus the balance is reëstablished between the muscular and nervous systems. Be this, however, as it may, the fact stated is the result of no mean experience in such cases—the explanation offered may be taken '*quantum valeat*.'"

If the quality of *bread* may be properly considered as affording an example of national peculiarities in diet—and we certainly think it may—we are sorry to say that our own country does not herein compare favorably with most others. Bread is generally most excellent in Great Britain—proverbially superior in France—but not, in our experience, so good elsewhere upon the European continent. Good bread in the United States, is the exception—whether we regard its admixture, preparation, or baking. In no one article of food, perhaps, should more pains be taken to have it in all respects excellent, and especially when people—as is so widely the practice with us—are constantly *bolting* it, hot and fresh! In the bread line, we may mention with especial commendation the oaten-cake of Scotland; unrivalled, when well made—no less than the "*parritch*" of the same sweet and fresh oatmeal—as an ingredient of diet—especially where the habit is costive. So that the intended severity of Dr. Johnson, when defining the word Oats, is ineffectual to influence those who have had personal experience of their excellence as food for *men* no less than for horses.

The subject of national peculiarities in diet, while it is a most inte-



resting and important one, is rivalled by those individual characteristics which render every man a study to himself, if he would preserve, in the best condition possible, the marvellous structure vouchsafed to him as the tenement of his immortal spirit. It surely behooves mankind—of whatever nation—to eschew all those influences, whether from within or without, which tend to impair the wondrous union of soul and body. Care, anxiety, and turbulent passion of every sort, set at defiance the best rules of hygiene, and render null the greatest triumphs of healthful cookery. We were lately much struck with the following simple but truthful words which we observed in a Scotch paper. The advice is not new, but it is as good as if it were—and with it we will conclude this already lengthy article.—“**HEAR THE OLD MAN.** The venerable and Rev. Daniel Waldo says:—‘I am now an old man. I have seen nearly a century. Do you want to know how to grow old slowly and happily? Let me tell you. Always eat slowly—masticate well. Go to your food, to your rest, to your occupations, smiling. Keep a good nature and a soft temper everywhere. Never give way to anger—a violent tempest of passion tears down the constitution more than a typhus fever.’”

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**PHYSICIANS' CERTIFICATES OF THE CAUSES OF DEATH.**—We were glad to see that much interest was manifested in regard to this subject, at the meeting of the Suffolk District Medical Society on Saturday evening. A memorial, recommending its favorable consideration to the Mayor and Aldermen, was read, and unanimously adopted by the Society, and remarks were made by several gentlemen, showing that the profession were fully aware of the numerous errors which occur in the returns of the causes of death, and the great necessity which there is of a reformation in the mode by which they are reported, in order to insure greater accuracy. We would again urge upon the attention of the board of Mayor and Aldermen, and of the Committee on Ordinances, the great importance of the matter. By referring to the weekly returns of deaths, it will be seen that the errors must be numerous. For the same week we often see reported, deaths from disease of brain, inflammation of brain, congestion of brain; we often find combined, disease of bowels, inflammation of bowels, cholera infantum, diarrhœa and dysentery. Are not inflammation and congestion of the brain both diseases of the brain? Is there any distinct affection called disease of the bowels, which is distinguished from peritonitis, enteritis, diarrhœa and dysentery? What is the pathology of the disease called teething, of which so many children die in Boston? Teething is a process, not a disease, though it often gives rise to disease. Marasmus often stands for several distinct diseases; and as for infantile diseases, a very fruitful source of death, we are utterly unable to say what they are. Old age is very frequently the excuse for the fatal termination of a host of diseases.

We repeat, that in order to be of practical utility, the mortuary returns must be accurate, and their utility is exactly in proportion to their accuracy. Now we doubt whether anything tends so directly to the promotion of the comfort, well-being, longevity and morality of a people as sanitary reform, and the foundation of sanitary reform is an accurate knowledge of the causes of disease and death. It is not easy to procure accurate statistics respecting the prevalence of diseases which are not fatal, but there is no reason why we should not

be perfectly informed concerning those which are fatal, and this is the first step toward preventing them, which is better than curing them. We hope the City Government will apply the remedy to this evil, which has so long existed. Rhode Island is quite ahead of us in this particular, and it is fully time that Massachusetts and Boston should take the lead again, in all matters relating to sanitary reform.

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CEPHALIC VERSION OF THE FŒTUS.—This obstetrical manœuvre is recommended by the best authorities, for those cases in which it is practicable, but of late it has been much disregarded, especially in this country. Dr. IGNATIUS LANGER, of Davenport, Iowa, proposes to bring the subject before the American Medical Association at its next annual meeting, and for this purpose he is engaged in collecting the opinions of practitioners upon the merits of the operation. Those whose experience enables them to throw any light upon the question of its utility, or upon the ease or difficulty with which it may be performed, are invited to communicate with him, and we feel sure that in so doing they will contribute materially to the advancement of obstetrical science. The operation consists in the combination of external and internal manipulations, the patient being placed in a suitable position. Of course, the cases for which it is applicable are rare. The mal-position must be discovered before the waters are evacuated, and the fœtus must be movable within the uterus; under such circumstances, a transverse position of the child can sometimes be rectified by the cephalic version, and then the labor may terminate naturally. The difficulty is, as Cazeaux says, to keep the head thus reduced, for the child often regains its primitive position after the reduction; but this object may be effected by rupturing the membranes, as soon as the normal presentation is obtained. If the operation fails to accomplish the purpose, it does not interfere with any other proceeding which it may be necessary subsequently to adopt.

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NUMBER OF KILLED AND WOUNDED AT THE BATTLE OF SOLFERINO.—A correspondent of the *New York Times*, writing from Paris under date of Oct. 13th, gives the following as reliable statements in regard to the losses at the battle of Solferino.

"I have just met in an Italian medical journal an official statement from one of the principal surgeons of Brescia, Dr. Bartolomeo Gualla, which shows that instead of 21,000 as the Allied loss at Solferino, in killed and wounded, it ought to be about 45,000! Dr. G. gives the following statistics: After the battle, 37 hospitals were opened at Brescia. The number of French wounded who entered these hospitals was 17,345; of Italians, 13,959; of Austrians, 1,612. Total wounded in the hospitals of Brescia, 32,916. *This is for Brescia only.* Now if you will recollect that large numbers who were mortally wounded died at the towns of Castiglione, Lonato, Desenzano, Montechiaro, and other places between the battlefield and Brescia, and that very many of those treated in these villages and entered into a state of convalescence there, never entered the Brescia hospitals at all, the total of casualties ought to be increased on the statistics of Dr. Gualla some five or six thousand for the Allied arms; and thus we arrive at a total of losses for the Allied arms of about 45,000. It is true, that by the 5th of July the hospitals of Castiglione were evacuated;

but those of Desenzano had wounded men as late as the 10th of July, while at the city of Bergamo, further away from the battlefield than Brescia, there were 1,100 wounded men.

"Of the 32,916 wounded men received into the hospitals of Brescia, 1,273 (according to Dr. Gualla) died, 26,038 were discharged cured, and the balance, 5,605, are either in a state of convalescence, or have wounds which have degenerated into chronic sores, and have been sent to their families or to the military hospitals of Paris.

"Dr. Gualla adds the following medical statistics. There were 451 amputations performed in the hospitals of Brescia; 14 disarticulations, or amputations at the joints; 4 operations with the trephine (boring the cranium), of which 3 were cured and 1 died; and 76 cases of tetanus (an accident which sometimes follows operations, and of which one of the symptoms is lock-jaw), of which 8 were cured and 68 died.

"Of the casualties in the Austrian army we know absolutely nothing upon which we can place reliance. We learn from travellers that their hospitals were crowded with wounded, and we know that, all things being equal, an army that retreats can fire fewer shots than an army that advances. At Solferino the whole Austrian army retreated during sixteen hours over the ground between Castiglione and the Mincio, a distance of eight miles, and must have had many men shot in the back; and when the back is turned there is no longer an equilibrium between the two destructive forces—instead of  $1=1$  it is then  $2=0$ ."

MESSRS. EDITORS,—Will you do me the favor to publish in the JOURNAL, the following explanation of the relative position of the parties engaged in the "personal controversy" alluded to in your editorial remarks upon the case of Charles W. Banks, in the number for the 27th instant?

It would appear that you are somewhat in doubt as to the reliability of the gentlemen whose "statement of facts" you comment upon. Being personally acquainted with Dr. P. A. Jewett, of New Haven, I would state that he is a well-known *surgeon*, though just now filling the professorship of Obstetrics in the Medical Department of Yale College. He is a friend and associate of Dr. Jonathan Knight, and likely to succeed him in the chair of Surgery. He is a high-minded, honorable man, and a member in good standing of the Connecticut Medical Society. The same can be said of Drs. Catlin and Churchill, of Meriden, and I unhesitatingly endorse them as good men and true.

I would further say that the article in the JOURNAL of Oct. 13th, over the signature of "A Member of the Mass. Med. Society," was written by an *expelled* member of the Connecticut Med. Society, assisted in its preparation by Dr. P. W. Ellsworth, of Hartford. For both assertions I have good authority.

These facts known to you, you will doubtless hasten to do both sides justice.

E. W. BLAKE.

64 Shawmut Avenue, October 29, 1859.

MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.—The Annual Meeting of this Society was held on Thursday last. The following officers were elected:—*President*, Dr. George Hayward; *Vice President*, Dr. Augustus A. Gould; *Secretary*, Dr. J. N. Borland; *Treasurer*, Dr. Francis Minot; *Councillors*, Drs. C. E. Buckingham, Algernon Cool-

idge, Charles E. Ware. John Flint, John B. Alley, James M. Phipps, W. W. Wellington, William J. Dale, George H. Lyman. The Treasurer reported a satisfactory condition of the funds of the Society; showing more than fifteen hundred dollars to its credit.

The return of the President from Europe, with his well-known interest in the objects of the Society, will give a new impulse to its operations; and measures will be taken for securing large accessions to its ranks from every part of the Commonwealth.

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DISUSE OF MERCURY IN EDINBURGH.—A correspondent of the London *Lancet* writes as follows:—"Professor Syme never gives a particle of mercury in any form of disease; and this after thirty-six years' experience. Prof. Bennett never gives mercury, except as a purge; and in his wards I have seen as severe cases of iritis as ever I saw in the eye wards get perfectly well, without one particle of mercury, within the usual time. I have also seen Dr. Bennett treat severe cases of pericarditis most successfully without mercury."

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A NEW WHITE COLOR.—The brilliancy and whiteness of the finest white lead is but dim when compared with paint in sulphate of baryta. This color possesses the advantage of remaining unaltered under the influence of emanations of sulphuretted hydrogen; it also enables painters to execute dim or lustrous white paintings at a saving of about two thirds the present cost. For the sake of economy and sanitary amelioration, it would be desirable to see it employed in military buildings, in barracks, schools, public monuments, and in the most humble buildings.—*Hunt's Merchant's Magazine*.

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CURES ANNOUNCED TO THE FRENCH ACADEMY.—Dr. Jacquot has cured, and promptly, a most serious case of peritonitis by hot starch poultices. Dr. Dalfraygrè finds in inveterate cases of ague the simultaneous administration of sulphate of quinine by the mouth and per anum very efficacious. And surgeons will be charmed to hear that Dr. Fournier has invented a new method of treating strictures. Dr. Gandriot has also found out a new thing, viz., how to cure a serious affection which particularly belongs to soldiers; but what the disease and remedy are, he at present conceals under a sealed envelope.—*Virginia Medical Journal*.

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LIBERAL BEQUESTS.—The late Mary M. Ricketts, widow of Philip Ricketts, among other bequests, amounting in the aggregate to \$35,000, left \$10,000 to the Pennsylvania Hospital, and \$5,000 to the Hospital of the Protestant Episcopal Church of this city.—*Med. & Surg. Reporter*.

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HEALTH OF THE CITY.—There was a large number of deaths from consumption (20 females and 8 males) last week. We observed 4 deaths from "dropsy" and 3 from smallpox, two of the latter being adults of 30 years. One person, a female, died at the age of 94 years, of "old age." The most remarkable feature of the mortality is the large number of deaths (22) of persons between 40 and 60, being greater than that of subjects under 5 years. The total number of deaths for the corresponding week of 1858 was 75, of which 20 were from consumption, 3 from pneumonia, 3 from dropsy, 3 from typhoid fever, 0 from smallpox, 5 from old age and 5 from casualties.

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COMMUNICATIONS.—Abstract of an Introductory Lecture in New York.

Books and Pamphlets Received.—On the Diseases and Injuries of the Joints. By Thomas Bryant, F.R.C.S., &c. (From the Publishers.)—Nature and Art in the Cure of Disease. By C. B. Coventry, M.D.

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Deaths in Boston for the week ending Saturday noon, October 29th, 72. Males, 34—Females, 38.—Accident, 1—apoplexy, 1—anaemia, 2—congestion of the brain, 2—cancer (in breast), 1—consumption, 23—convulsions, 2—diarrhoea, 2—dropsy, 4—dropsy in the head, 3—debility, 1—infantile diseases, 2—scarlet fever, 2—typhoid fever, 3—disease of the heart, 1—intemperance, 1—disease of the kidneys (Bright's), 1—inflammation of the lungs, 2—congestion of the lungs, 1—marasmus, 1—measles, 1—old age, 1—palsy, 2—premature birth, 1—smallpox, 3—teething, 2—tumor (in uterus), 1.

Under 5 years, 21—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 22—above 60 years, 6. Born in the United States, 34—Ireland, 29—other places, 9.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 15.

## HYPODERMIC INJECTION OF MEDICINES, WITH A CASE.

[Read before the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

BY ROBERT WHITE, M.D., BOSTON.

I HAVE recently been favored with an opportunity of witnessing the wonderful effects of medicine upon the human body by injection into the cellular tissue, the results of which I beg to communicate to the members of this Society, and through them to the profession generally. And I invite you all to unite in a candid investigation of the matter, and to adopt or reject it in your practice, only after a careful experimentation, which you can easily perform upon any patient suffering severe pain, or upon any of the inferior animals, the cat or dog for instance. The principle cannot be patented, and the instruments never shall.

So far back as 1843, Dr. Wood, of Edinburgh, used narcotic injections into the cellular tissue, in neuralgia, by means of a very ingenious instrument constructed by Mr. Ferguson. I believe to Dr. Wood is due the credit of first introducing to the notice of the profession this particular *modus applicandi* of medicine; the *modus operandi* was known long prior to Dr. Wood. The principle is illustrated by the poisoned arrow of the Indian, or the bite of the rattlesnake. The introduction of vaccine virus beneath the cuticle is another example familiar to every one; in fact, all contagious diseases are produced by this same principle. Thus you will perceive that this *modus operandi* of medicine is pregnant with evil as well as good.

So far as I have been able to investigate the matter, I am of opinion that this new method will supersede many of the older and slower modes of procedure in therapeutics. I am sanguine enough to believe and to predict that it will produce as great a revolution in the healing art, as the electric telegraph has done in the slow-coach system of our ancestors.

Suppose, when called to a patient attacked with violent colic, instead of giving calomel and opium every hour, or laudanum every half hour, till he be relieved, with sinapisms externally, you can, by puncturing the skin with a lancet, and injecting a little

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fluid, give almost instantaneous relief, what a blessing will it prove to mankind! Now I see no reason to doubt that injecting a solution of morphia into the cellular tissue of the arm, with a dose of castor oil given internally, will relieve colic as effectually in ten or twenty minutes, as our present system of practice effects in two, three, four or more hours, with much less trouble to the physician, and decidedly less suffering to the patient.

Again, in the passage of biliary or renal calculi I apprehend this method will afford more decided relief than any other means we can employ.

Then, again, there is another class of cases, where gastric irritation exists, either idiopathic or symptomatic, when the stomach will not retain medicine, or when it cannot be introduced into the stomach. The efficacy of this *methodus medendi* will then be incalculable.

The painful and decidedly cruel endermic mode of applying medicines may be entirely superseded, and the pain of a blistered surface completely avoided.

Physicians may yet discover by this means, and by this mode apply, anti-tetanic and anti-hydrophobic remedies, and no more speedy or effectual means could be employed of pursuing, neutralizing and destroying the bite or sting of poisonous insects or reptiles.

Medicines act upon the system principally by absorption, and our prescriptions for the cure of diseases are mostly founded upon that theory. How much medicines are altered and decomposed by the process of digestion before they reach the villi of the lacteals, no one can tell; but by this new method the medicine unchanged is subjected directly to the process of absorption, and if our theory with regard to the action of medicine be correct, we are more likely to obtain certain and successful results by this method, when admissible, than by any other.

CASE.—Oct. 5th I was requested by Dr. M. to see a patient of his, affected with delirium tremens. This was his fourth attack, from the third of which, about a year ago, he had with difficulty recovered. He had slept none since the 1st, and had been under medical treatment since the 3d, previous to which he had taken a bottle of fluid extract of valerian, of his own accord, without benefit.

On the 3d, he sent for his family physician, who prescribed tincture of opium and fluid extract of valerian. Half an ounce of the former and two ounces of the latter were given in twenty-four hours, without producing quiet, but rather the reverse. Chloric ether was also tried, from the effects of which he would sleep a few minutes, then wake up as bad as ever. Strong hop-tea was then administered freely, with an occasional dose of McMunn's elixir, and a bladder of ice kept constantly applied to the head.

When I visited him, on the morning of the 5th, he was talking

incessantly, making frequent attempts to get out of bed, fidgeting and pulling at the bedclothes, with subsultus tendinum, pulse 104, pupils contracted, head very hot, skin dry, tongue moist and coated with a white fur. He complained of dryness of the throat. Bowels regular. Knew all his attendants, and could with difficulty be kept in bed. I advised a suspension of the opium, and to continue the hop tea and valerian, and ordered a solution of bicarb. potass., to relieve an occasional attack of vomiting. Leeches to the temples. Ice to be continued to the head, and plenty of diluent drinks.

The patient continued in nearly the same condition, and under the same treatment, only varied according to circumstances, until the morning of the 8th, when he appeared evidently sinking: pulse very weak and slow, extremities cold, cold clammy perspiration exuding all over him, vocalization constant, muttering and indistinct. He did not recognize his attendants. As a last resource, I ordered a glass of hot brandy punch, and determined to try the effects of injecting morphia into the cellular tissue. I desired his family physician to procure a small glass syringe and a little morphia, which he immediately did. When he returned, he administered the punch to the patient, which was slowly but eagerly swallowed. In the mean time, I dissolved a grain of the morphia (muriate) in about half a teaspoonful of cold water, then made a puncture with a lancet into the cellular tissue of the left arm, and injected as much of the solution as I could with my very imperfect apparatus. Yet, notwithstanding all disadvantages, the experiment was perfectly successful. Some said it was the punch which made him sleep; at any rate, in twenty minutes afterward he was calm, his eyes closed, something was evidently composing him, and I was well pleased to learn, when I visited him at 2, P.M., that he had slept soundly for two hours and a half. He had evidently rallied, but the delirious symptoms continued, though much abated. I had determined to repeat the injection should the first have no effect; but he was so much better that I hoped he would sleep more, and I deferred it until the evening. I then left him, but in an hour after was sent for. The messenger said he had grown violent, and could not be kept in bed. I visited him directly; he was out of bed, partly dressed, poking about the room, tossing everything upside down. I dissolved one grain of sulphate of morphia, which I had brought with me, in about the same quantity of water as before, and repeated the punch, which was vomited immediately. Now, said I, there will be no blame to the punch. I then requested him to sit down on the bedside, and made a puncture in the other arm, large enough to admit the point of the syringe, and with the small blade of a penknife extended the puncture beneath the skin, about three eighths of an inch, without enlarging the orifice. I then introduced the syringe as far as I could, elevated the skin, and withdrew the syringe a little, so as to free the point from the cellular

tissue, then pushed the piston home. The solution whizzed in, forming an areola around the puncture, about the size of half a dollar; withdrawing the syringe, I pressed a moment on the puncture, and then applied a little adhesive plaster, to prevent the solution oozing out.

In a few minutes afterward, he started off round the room again, tossing over and examining everything, then went to the window and looked out, making remarks on the weather. The morphia was evidently operating. In a short time his eyelids began to close, and his head grew heavy. I suggested the propriety of his going to bed, to which he immediately assented, and sat down on the bedside, put off his pantaloons with a little assistance, lay down as docile as a child, and in ten minutes was sound asleep. I saw him again at 11, P.M. He was awake, but had slept upward of five hours. *Subsultus tendinum* much abated. He felt comfortable, but drowsy and thirsty, and when left alone would go right off to sleep. When I visited him again, next morning, he was wide awake, after sleeping nearly the whole night, perfectly sensible, the *subsultus tendinum* completely gone, he had no headache, bowels had been opened during the night, no unnatural thirst, and he was completely convalescent. He dozed a good deal during the day, and slept naturally the succeeding night. He continued to improve rapidly, and in three days he was up and dressed, arranging his affairs.

I have injected since in three other cases, and have used a vaccinating lancet and a small glass syringe, with the piston well packed, and have found them to answer admirably every desired object in the operation.

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#### NEW YORK OPHTHALMIC SCHOOL.

[Communicated for the Boston Medical and Surgical Journal.]

THE Introductory to a Course of Lectures on diseases of, and operations upon the eye, was delivered by Mark Stephenson, M.D., the senior surgeon of the N. Y. Ophthalmic Hospital, on the 22d ult., at the Institution, No. 6 Stuyvesant Place. There was a full attendance of medical pupils from all sections of the country. His subject was, "The pains and pleasures consequent upon professional life—the Eye, its structure, diseases, &c." He observed:—

Some of you, gentlemen, may have chosen the profession of medicine as the business of your future lives, with the idea that it is the road to wealth, as well as honor. If so, the sooner you are apprised of your error, the better. He trusted, however, that they had entered its ranks with purer and holier purposes.

Ingratitude and misrepresentation, he said, would often arise from sources whence they least expected it, but in cases of this



kind he directed them to imitate the immortal *Boerhaave*, who refused to notice slander and abuse—"they are sparks," says he, "which will go out of themselves, if you do not blow them;" and the surest remedy against scandal, is to live it down by perseverance in well doing.

And still another, and not the least source of disquietude, would be the rivalry and jealousy of professional brethren; but he rejoiced to inform them that a better feeling now manifested itself, which had been increasing ever since the organization of the American Medical Association. Previous to its formation, the interests of the profession were of a local and sectional character. Our brethren of the Bay State, he said, believing that all light, whether of a natural, spiritual, or intellectual character, emanated from the East, claimed for themselves the honor of being the "literati" in the profession; while those of the Empire City unhesitatingly asserted that they were the "*mirabile mundi*" in medical and surgical attainments. The learned doctors of the beautiful city of angles and right angles, inscribed upon their banner, "*ne plus ultra*;"—while those of the Monumental City (a city set upon a hill), were entitled to the application of "*Excelcissimus*." The South, believing that a great amount of caloric was necessary to cerebral development, congratulated themselves in possessing the "*summum bonum*" of all excellency in the healing art. The West, the mighty West, conceived the idea that all enterprise was concentrated there, and that they were the "*sine qua nons*" in medical science. Now our brethren from the East and the West, from the North and the South, in their annual convocations meet as brethren beloved, each adopting professionally the motto of our glorious republic, "*E pluribus unum*," each endeavoring to outvie the other in hospitality and good cheer.

Among the many redeeming features and bright spots which would relieve the gloom attendant upon the practice of their profession, he remarked—there will be occasions, gentlemen, when you will receive the highest gratification and the most exquisite pleasure the human heart is susceptible of enjoying. Think of the joy consequent upon the restoration to health of a beloved mother, an affectionate and indulgent father, an only child, or the giving of sight to the blind, or hearing to the deaf. Another luxury to a well disciplined mind, is the acquisition of knowledge. The more the mind acquires, the more its powers are expanded and rendered capable of adding and still adding to its accumulated treasures.

Dr. S. then spoke of the advantages New York afforded for the study of ophthalmic surgery—stating that it would compare favorably with Vienna, Paris, or any other European city; that the Institution in whose behalf this course of lectures was given, had treated between 7000 and 8000 patients, and given clinical instruction to over three hundred medical pupils and practitioners.

He next expatiated upon the human eye, its wonderful mechan-

ism, delicacy and beauty; its numerous diseases, and the importance of a correct diagnosis. An error here, usually led to an error in practice, which if continued for a single day might end in opacity or rupture of the cornea, occlusion or prolapsus iridis, or staphyloma. The skill requisite in the treatment of these diseases was also alluded to. He exhorted his present class to avail themselves of the clinical advantages to be derived here, and not to be disheartened by difficulties; what others had surmounted, they could surmount; and in this way they would leave behind them an impress for good, or, in other words, *make their mark*.

#### CYSTIC AND INTESTINAL FISTULA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Mr. Wm. A. S., of P., 26 years old, was jammed between two cars at Blackstone, Mass., Sept. 1, 1857. He was a thick, fleshy man, and was caught just above the hip bones, and jammed from side to side, to within eight inches of entirely bringing his sides together. He also broke his arm, in falling across the railroad track as the cars rebounded. He bled largely from his bowels, and had much pain over the left kidney and left ischium, from the outset. The digestive organs generally were very much deranged. He emaciated much, had very little appetite, and what he did eat distressed him at times. There was much pain at the neck of the bladder most of the time after the accident, and also pain in passing his urine. He seemed gradually to improve, up to April, 1858, so that he went about town somewhat, occasionally having sick days from more severe pain than usual in his left side and neck of bladder. From April, his sickness returned oftener, until he was confined to the house all the time. In January, 1859, air began to pass by the urethra, and continued to do so in large quantities, till his death. Some thin faecal matter and fig-seeds also passed from time to time with his urine. The whistling of the wind from the urethra could be heard all over the room, as it made its exit, showing that adhesion had taken place between the bowels and the bladder, or ureter, and ulceration had opened a communication between them.

May 6th, 1859, an abscess broke on his left side, at the lower edge of his ribs. On the 10th, it discharged faecal matter profusely, and continued to do so until his death, showing that adhesion of the bowels to the abdominal parietes had also taken place, with ulceration. In July, 1859, two more abscesses opened near the first, through which faecal matter continued to pass, as from the first one. Each abscess discharged more or less pus from the outset, and one of them quite largely. At the time of his death, October 24th, 1859, the openings in his side were large enough to admit the ends of the fingers; indeed, sometimes he said pieces of

hard fecal matter passed out of them, as large as ever came through the natural passage. After these abscesses opened, his former costiveness increased, so that, from the 9th of August, last, to October 21, he had had no discharge from the anus. During the last three days of his life, a little fecal matter passed the anus involuntarily.

His health, previously to the accident, was good. He seemed to die from pure exhaustion. No *post-mortem* examination could be obtained.

N. L. FOLSOM.

Portsmouth, N. H., November, 1859.

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#### LABOR, WITH THE HYMEN UNBROKEN.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient was 18 years of age, Irish, and had been married ten months. On examination, the hymen was felt to be in a state of cartilaginous hardness, and no aperture could be found by the finger to the vagina. Through the rectum, the enclosed waters were felt slightly protruding into the vagina, with the head entering the superior strait. In two hours the membranes ruptured, and the waters discharged into the vagina, producing a bulging of the hymen outward, not unlike in feeling to the unbroken bag of waters. A slight moisture only was felt on the external parts. A probe was now carried on the end of the finger in search of an orifice to be enlarged by incision, but in vain. A less forcible pressure, however, by the finger point, than had been used, broke through the hymen, it having been apparently thinned and macerated by the progress of labor. The waters gushed forth, and the child soon followed.

The above case is distinguishable from a similar class of cases by the almost complete imperforation of the hymen. These cases bear interest in a medico-legal point of view, showing that sexual congress may be repeated, pregnancy ensue, and continue for the full period, without destruction of the hymen.

Ware, November, 1859.

JOHN YALE.

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#### CASE OF INTUSSUSCEPTION—RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

G. L., middle age, farmer, residing in this vicinity, Sept. 28th, having eaten largely of apples, was soon most violently seized with what he calls colic, having for some time been subject to such attacks. His suffering was so great that a neighboring physician, Dr. C., was sent for, and arrived. There was vomiting occasionally, with stoppage of the bowels. Repeated doses of active cathartics were administered, with the hope of forcing an operation,

but without success. Four days after the attack, patient began to vomit fecal matter; this continued for two days. At this time, consultation was had on the case. A large blister was advised and applied to the abdomen, and repetition of pil. cathar. comp., with the addition of croton oil, recommended and immediately given. On the seventh day, I met the attending physician in consultation. We were unanimous in our diagnosis. Opium was now given in repeated doses sufficiently large to bring the patient fully under its effects. A small quantity of hydrarg. sub. mur. was also regularly administered, with a view of increasing the activity of the absorbents in removing any lymph then thrown out about the parts inflamed and strangulated. This treatment was pursued, when, on the fifth day, upon a slight attack of vomiting, the patient had a copious discharge from the bowels, and convalescence followed. In a few days he was about his business. J. F. N.

*Waterville, Me., Nov. 4th, 1859.*

#### SURGICAL CASES IN THE HOSPITAL AT MILAN.

[PROF. PAUL F. EVE, of Nashville, Tenn., who has recently returned from a tour in Europe, visited, while there, the places which have been made famous by the events of the late Italian war. The hospital at Milan, in which many of the wounded were received, with some notice of the more interesting cases observed, is thus spoken of in Dr. E.'s correspondence with the *Nashville Journal of Medicine and Surgery*.]

We were fortunate in procuring the services of a sub-officer, who described the particulars of the battle fought at Magenta on the 4th of June. To some soldiers who returned to the railroad station while we were there, he asked, "have you seen any feet to-day?" Upon inquiry what was meant, he replied that even up to the present time, fifty-two days since the attack, owing to the heat and the slight covering of earth, corpses were occasionally exposed.

We arrived at Milan, about twelve miles beyond Magenta, at 2, P.M. Here 17,000 wounded have been received, from Solferino alone. At St. Ambrose there were 1,700 at one time, and 700 still remain. Baron Larrey, son of the old Baron under Napoleon I., to whom Dr. Dunglison kindly gave me a letter, and whom I knew in Paris as a student twenty-five years ago, told us there were twenty-one hospitals in Milan. He gave orders for our reception at every one, but, of course, as we could not see all, we chose the three largest and most interesting.

In the two days spent here we noted the following cases: At St. Ambrose, built in the sixteenth century, the one of greatest interest was that of a soldier shot twice at Milegnano, more than forty days ago. One ball fractured the third rib, perforating the

right lung and traversing the thorax. A second one fractured the surgical neck of the humerus on the same side. No union having taken place, it was determined to exsect the head of the bone. With a double-edged knife the track of the ball was followed, and by a crescentic incision from above downward, and from within outward, a large flap was made of the deltoid muscle and integuments. The head of the bone was then taken out of the glenoid cavity, and the bone below the fracture sawed off. The case was doing well, and the surgeon in charge was quite proud of it.

At the great civil hospital, with three thousand beds, we noticed four cases of compound fracture of the thigh, under Surgeon Micheli. One had a ball through the upper third of the femur, which was badly shattered. The patient was brought in from Magenta, and this is now the fifty-sixth day since he was wounded. To-day the opening made by the entrance of the ball was enlarged, and gave exit to a large quantity of pus. The limb is in splints. No union of bone. Many spiculæ have been removed. His recovery is doubtful. 2d case.—The ball also fractured the upper third of the femur, and has not yet been found. Incisions have been made, and there is now free suppuration. Result of case also doubtful. The patient complains most of his heel, where there is a large ulceration which has bled occasionally. Was wounded at Magenta. 3d case.—Wounded by a ball through the lower third of the thigh, involving the knee-joint. Has diarrhœa, with free suppuration about the injured parts. Have little expectation of his recovery. 4th case.—The ball traversed the upper part of the left thigh, at Magenta. Is doing well, and there is little doubt of his recovery.

Saw also here a patient coming from Solferino, having a ball to strike the olecranon, and pass out at the inner side of the limb, opening the joint. Doing well, with prospects of ankylosis. A ball traversed one side of the spine without injuring it, and has been lost on the other side. A ball struck the spine of the tibia in another case, and was divided by it, each portion coming out in the calf of the leg. A soldier received a ball at Solferino, to the left of the median line of the upper lip on the left side; it came out in the parotid region. With the exception of a salivary fistula, he is doing well. Another at Milegnano had a ball to traverse the left pleural cavity and come out at the inferior angle of the shoulder blade. He had no hæmoptysis, but there is some suppurative action going on near the wound of exit. This was freely laid open to-day. Another is here with a wound made by a ball passing under the outer third of the right clavicle. The right upper extremity of this side is partially paralyzed, with irregular nervous paroxysms, for which nothing as yet has afforded entire relief. At Solferino, a soldier was struck upon the right zygomatic arch, the globe of the right eye ruptured, and the nose at its base perforated, the ball escaping just under the left eye. Is do-

ing well. Found here also two cases of fractured jaws. The one in the inferior was made by a ball striking the middle of the inferior lip, fracturing the bone, and making its exit near the mastoid process of the right side. This occurred at Magenta. After removing spiculæ of bone, there has resulted good union of the inferior maxillary. In the second case the ball passed through the entire upper jaw, from side to side, including the hard palate. The large opening between the nose and mouth is now closed by a gold plate and artificial teeth. For a ball passing through the ham and injuring an artery, with subsequent formation of an aneurism, the femoral artery was tied at the usual point of selection, on the 20th of July. Apparently doing well. Observed here, too, a case of tetanus. The patient was shot at Solferino, by which the tibia was fractured. This was on the 24th of June. The attack of lock-jaw commenced fifteen days ago, and the surgeon in charge ascribes the relief to *muriate of baryta*, given, I think he said, in 6 grains to 20 or 30, three times a day. By this remedy he told me he had cured four cases. The tetanus is pretty much confined to the side wounded. He has, moreover, violent contractions of the leg upon the thigh, and then chloroform is inhaled. The patient is able to take nourishment freely. The last in this hospital which I recorded the notice of, was that of a Captain, with a thigh greatly shattered by a ball at Milegnano, on the 8th or 12th of June. The surgeons proposed at once to amputate the limb by candle light, to which he objected, when he was brought to Milan, and seventeen hours after being wounded the operation was performed in the middle third of the femur. He is now nearly ready to return to la belle France. These four last cases were under the care of medico-chirurgo Gustavo Tassani, of Milan.

At the Hospital of St. Prassédé I collected the following facts: A patient, wounded at Magenta, had a severe hemorrhage from apparently one of the articular arteries about the knee, 31 days after being wounded. There is now great infiltration in this extremity. I much apprehend here loss of limb or life. The ball passed through the knee-joint. A ball entered left commissure of mouth, fractured the jaw near the angle of the same side, and passing out, went through the neck above the clavicle, and out near the scapulæ. Patient is doing well. At Solferino the elbow-joint of a soldier was traversed by a ball, and now, notwithstanding every attention, it has been agreed that amputation must be performed. In another, the same ball passed through both calves of the legs, making four wounds without fracture. The first struck has healed soonest, but in the last one wounded, the union has been interrupted by foreign substance in it, for yesterday a piece of clothing was removed from it. A wrist-joint, perforated through and through, antero-posterior, has been saved, the patient being now nearly well. It is true the bones of the carpus may yet inflame and ulcerate.

## CAN THE GARDEN SLUG LIVE IN THE HUMAN STOMACH?

BY DAVID DICKMAN, ESQ., M.R.C.S.

SARAH ANN C——, aged 12 years, had, for the last two months, complained of feeling sick at times, particularly after meals. On the fifth of August last, she vomited up a large garden slug, which was alive and very active. On the 6th, she brought up two, both alive; and on the night of the 7th, she was seized with violent vomiting and relaxation of the bowels, and threw up five more, of various sizes, the smallest two inches long, and all alive.

On the morning of the 8th, when I first saw her, vomiting and purging had ceased, and she complained of great pain in the left region of the stomach, and headache. I gave her opiate powders, which relieved her in every way till the afternoon of the 9th, when she felt something crawling up her throat. This sensation brought on the most violent efforts of vomiting to expel what she felt at the upper part of her throat, and she frequently introduced her fingers to seize what she felt, but did not succeed. I happened to call, just when all this suffering was beginning to subside, at which time the sensation was felt lower—about half way between the mouth and the stomach. As expulsion by vomiting seemed hopeless, it occurred to me that ammonia and camphor might destroy the creature, and that the digestive powers of the stomach would do the rest when the animal was dead. The dose was repeated every four hours for two days, and afterward three times a day for two days more, with entire success. An aperient powder was given every night. After the first dose of the ammonia and camphor, all sensation of movement ceased; and she now appears as well as ever she was.

During the summer she had gone frequently into the garden and eaten freely of its produce, especially of lettuces, of which she was very fond. It appears to me that a family of very young slugs had been feeding on the lettuces, which the child had swallowed with very little mastication, and the gastric juice not being strong enough to act on them when alive, they fed and grew in their new habitation to their usual dimensions. During the time they must have been in the stomach, she was fonder than ever of vegetables and fruits, and would put aside the meat on her plate, and eat the vegetables only.

The three slugs that came up first were not preserved; but, at my request, the five others have been kept alive, and fed on vegetables, which they preferred being cooked, having at first refused to eat them raw. They are now fed on raw vegetables.

Another circumstance connected with my interesting patient is, that she was born without the left hand. During pregnancy the mother was frightened by a porcupine that an organ boy had in the street; and an impression ever after remained on her mind that something would not be right with the child's hand.—*London Lancet.*

## Selections from Medical Journals.

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**REMOVAL OF UNDESCENDED TESTIS.**—The patient was a married man, father of two children, 31 years of age, and under the care of Mr. Curling. The left testicle occupied the usual position. The right had never passed the inguinal ring. It presented a softish swelling, of the size of a pigeon's egg. The patient had had pain and occasional swelling in the part, and also pain in the loins for two years. The testicle was carefully removed, and was found to be atrophied. A microscopical examination showed that it contained no spermatozoa. Mr. Curling remarked that the testis under such circumstances frequently became atrophied and functionally useless. He had not found that the opposite testicle became enlarged, to compensate for the atrophied organ.—*Lancet*, Oct. 15.

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**OVARIAN GESTATION.**—The patient, aged 25, never previously pregnant, began to suffer in March from severe abdominal pain. Above the ramus of the pubis was found a well-defined enlargement, very tender to the touch. On May 14th, Dr. Davis first saw her, and found a large tumor extending to the umbilicus, and occupying chiefly the left iliac region, fluctuating, and resembling an ovarian tumor. Mammary symptoms of pregnancy, somewhat undecided, and of doubtful import were present: cervix uteri high up, inclined forward, as not having the cushion-like fulness of early pregnancy; body of the uterus a little enlarged; length of cavity, three inches and a half. Behind the cervix was a soft tumor, evidently continuous with that felt above. The diagnosis on this examination was, that the tumor was of extra-uterine character, and that within the cyst were foetal contents. A canula and trocar were introduced into the tumor, behind the cervix, and a quantity of fluid evacuated; but the patient refused to allow of further projected operative measures, and died on July 9th. The left ovary was found developed into a cyst, situated between the uterus and the rectum; the interior of the cyst was sloughy and putrescent; it contained a decayed foetus, and remains of placenta, all of a dark color.—*Medical Times and Gazette*, Oct. 15.

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**CHLOROFORM AND ACONITE IN NEURALGIA.**—Dr. Guéneau de Mussy has for several years prescribed with great success a mixture of chloroform and tincture of aconite for neuralgia. He employs the following proportions: 2 parts of spirit of wine, or Cologne water, 1 of chloroform and 1 of tincture of aconite. This is to be rubbed gently on the gum for a few minutes, with the finger, covered with lint, or with thick soft linen. The infra-orbital branch being the most commonly affected, it is chiefly in neuralgia of this part that the application has been successful, but by no means exclusively so; it answers very well for pain in the lower branch, and Dr. Guéneau de Mussy has observed some very severe cases of supra-orbital neuralgia, in which the same application has been attended with an equally satisfactory result.—*Ibid.*, April 2.

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**OVARIAN CYST CURED BY INJECTION WITH IODINE.**—In the *Lancet* for Sept. 10th, is the report of an interesting case of ovarian dropsy, treated by Dr. C. BLACK. The patient was a young lady of 20, who



had suffered from the disease for more than two years. The abdomen was so distended that the breathing became oppressed, the digestive function impaired, the nutrition of the body defective, and the nervous system irritable. The cyst sprang from the right ovary, and was probably unilocular, and unadherent to the neighboring parts. A large-sized trocar was pushed into the sac as far as possible, and its point directed slightly upward, in order that the sac might, during its collapse, be hooked upon the point of the canula, and thus ensure the introduction of the injection into its cavity. Fifteen pints of a clear, pale, straw-colored fluid were evacuated, immediately after which twelve ounces of the Edinburgh tincture of iodine were thrown in, and retained exactly twenty minutes, when the whole, or nearly the whole, of it was withdrawn. Fifteen minutes after the injection had been thrown into the sac, a severe paroxysm of hysteria supervened, during which the operation was terminated, and the patient put to bed. The consequences were vomiting, pain and tenderness of the abdomen, and rapid pulse. These symptoms gradually subsided, and she was convalescent on the ninth day. On the twenty-ninth day, she was quite well, and no trace of the cyst could be discovered on the most careful manipulation. A year afterward she continued in perfect health.

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EXTENSIVE AND UNOBSERVED DISEASE OF THE COLON.—A man, æt. 22, entered the Pennsylvania Hospital, under the care of Dr. J. Forsyth Meigs, suffering from vomiting, pain in the epigastric region, an enlarged spleen, but no enlargement of the liver, slight diarrhœa, a smooth and glazed tongue, and no fever. He had been in Cuba, where he was sick with fever of a severe form, with delirium, abdominal pain, and great debility. On his return to this country he entered the hospital for diarrhœa, and was discharged, relieved, the case being looked upon as one of anæmia, resulting from chronic intermittent fever. A short time afterward, having vomited a large quantity of blood, he re-entered the hospital with the present symptoms. The most prominent of these were vomiting, gradual but steady loss of strength and flesh, but little pain, and diarrhœa. The only pain he suffered was in the epigastric region, and this was the only part of the abdomen tender upon pressure. The diarrhœa increased very much toward the last. There was no tenesmus, and no dysenteric stools. The dejections were rather large, thin, consisting of flocculent, fæculent materials, of a brownish color, floating in a thin, watery liquid, but contained no blood, mucus or pus. There was no suspicion of dysenteric inflammation of the colon. The lungs were healthy. The large hæmatemesis, the severity of the dyspeptic symptoms, and the frequency and urgency of the vomiting, pointed to disease in the upper part of the alimentary canal. The diarrhœa remained to be accounted for. It was supposed, on the whole, that the condition might be one of ulcer of the stomach; ulcer of the duodenum was also suggested, but the diagnosis was quite uncertain.

The *post-mortem* examination showed the immediate cause of the patient's death to be an advanced stage of inflammation and ulceration of the large intestine, particularly in the cœcum, the descending colon and the rectum. The ulcerations were deep, with projections of the mucous membrane between, looking like the polypoid formations, as described by Habershon.

Dr. Meigs remarks: "The great error in making the diagnosis was in not having attended sufficiently to the history of the patient. Had I borne in mind properly the fact, that the patient contracted his illness in a tropical climate, and had had more or less diarrhœa from the beginning, I should have been led, by a simple reflection upon the frequency of diarrhœa from colitic disease in those climates, to the true seat of the bowel disorder, and perhaps a still more careful examination of the stools might have shown the presence of shreds, or patches, of false membrane, or of portions of purulent matter occupying the lower part of the vase. But, gentlemen, like Columbus's egg, it is very easy to see all this after the trick is shown."—*Medical and Surgical Reporter*, October 29.

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CURE OF SPINA BIFIDA BY APPLICATION OF COLLODION.—In a late number we alluded to Dr. Brainard's success in the treatment of spina bifida by iodine injections. A case which was cured by the application of collodion is recorded in the *Journal für Kinderkrankheiten*. The child was seven weeks old, and the tumor was of the size of a small orange. When the fluid was pressed into the spine, the patient had pain, and the muscles of the face were convulsed. The tumor was covered with collodion, at first mixed with an equal quantity of castor oil, afterward with a mixture of 3 parts of collodion and 1 of oil, and finally with pure collodion. The tumor disappeared at the end of three weeks. The patient was treated by Dr. Behrend. "It should be added," says the reporter, "that the child having presented cerebral symptoms, was also treated with calomel, to which, perhaps, a share of the cure is due." We should be inclined to doubt this assertion. In our opinion the calomel was at least nugatory, if not injurious to the progress of recovery.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 10, 1859.

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MEDICAL EDUCATION.—Among the subjects which have held a prominent place in the transactions of the American Medical Association is that of *medical education*, and if no definite results have as yet been obtained from the efforts which have been made in its behalf, it is gratifying to see that its great importance is fully recognized by the Association, and that the failure to recommend some uniform standard of medical instruction is more owing to the inherent difficulties of the subject, than to any want of interest or zeal on the part of members. To show this, it is only necessary to refer to the printed volumes of the Transactions of the Association; and, as many of our readers may not be aware of the efforts which have been made in this direction, we propose to give a condensed statement of what has been done, both by the Association and by the two medical conventions which took place before its organization in 1847.

In the first volume of the Transactions are the Report and Resolutions of the first Committee on Medical Education, consisting of Drs.

Haxall, Cullen, Patterson, A. Flint, Perkins, Wing and Norris. The report embraces 13 pages, and concludes with thirteen resolutions, recommending, among other things, six months courses of lectures, three years' study, seven professors to each college: dissections, clinics and hospital attendance to be required, and colleges refusing to comply with these requirements, not to be admitted to fellowship. These resolutions were adopted. In the same volume is the Report of a committee on preliminary education, occupying four pages, and containing three resolutions. Preceptors are to require certificates of good moral character, of a good English education, and of a proper knowledge of natural philosophy, of the elements of mathematics, of Latin and Greek.

In Vol. II., page 257, we find a report of 123 pages, of another committee on medical education, of which Dr. C. F. Stewart was chairman. It consists of five sections, and two addendas. Medical education in this country is compared with that abroad. The requirements of the U. S. Army and Navy are stated. The legal requirements in the several States are mentioned, and also sundry other matters. The committee approve of boards of examiners, and of the conferring of two degrees. Appended to the report are eleven resolutions, recommending, among other things, that college clinics should not be allowed as a substitute for hospital instruction; that examinations for degrees be public: that pharmacy should be a required study; and that boards of examiners should be appointed for each State. The report and resolutions were referred to a committee, who reported seven resolutions, together with an eighth, moved by Dr. E. T. Bond, Jun., recommending private medical institutions, and dispensary practice. In these resolutions the Association reiterates its approval of the resolutions in reference to medical education adopted in 1847; college clinics are not to be substituted for hospital instruction; six months hospital attendance to be required for graduation; a meeting of teachers to be held before the next annual meeting, to present a plan for elevating the standard of medical education. Appended to the report are two papers; the first, from the medical faculty of Harvard University, in favor of a four months course of lectures, and signed by John Ware, Jacob Bigelow and O. W. Holmes: the other, consisting of facts and arguments in favor of a six months course, and signed by Samuel Jackson, John S. Atlee and Alfred Stillé, a committee appointed to answer the above.

In Vol. III., page 145, we find another report on this subject, chiefly confined to the discussion of three points—preliminary education, the character of professional instruction, and the question whether the Association shall prescribe terms of admission into the colleges. Schools of pharmacy are recommended. The report says it is doubtful whether any uniform plan of education or admission to the profession can be established. This report gave great dissatisfaction, and led to long-continued debate. Resolutions were passed, re-affirming the former action of the Association, and opposing the sentiments of the report. The next volume of the Transactions contains a report of 32 pages on the same subject, by a committee of which Dr. W. Hooker was chairman. Appended to it were seven resolutions, which may be briefly stated as follows: abuses demand consideration; good results from discussion; reform necessary in public sentiment, both professional and lay; our own organizations the proper channel for the

profession : the Association has confidence in judicious efforts ; former action re-affirmed : a steady onward progress recommended. The report was accepted, the resolutions concurred in, and all State societies were recommended to republish it for general distribution.

Vol. V. contains no report on medical education. In Vol. VI. is a report by Dr. Pitcher and others, in which a knowledge of the elements of medical science are recommended to be acquired before attendance at hospital : and the advantages of hospital and private teaching are urged. The President (Dr. Wellford) recommends State boards of examination, and legislative action is invoked, to pass a general law of uniformity.

Vol. VII. contains a report of 28 pages, with six resolutions, the principal points of which are, daily *office examinations*, clinical instruction, an enlarged curriculum, and a uniform system of examining candidates for degrees.

Vol. VIII. contains no report. In Vol. IX. is a short report, recommending the preparation of an elementary work on anatomy, physiology and pathology, for the use of students before attending lectures.

In Volume X. is the report of a discussion on the subject of medical education, which was followed by the appointment of a committee of five, unconnected with any school, to devise a system of medical education, and to report at the next annual meeting. The report of this committee is to be found on page 249, Vol. XI. It recommends primary schools, with daily office instruction, seven professorships, a lecture term of six months, liberal primary education, &c., and proposes that a delegation from colleges should meet in convention at Louisville, at the annual meeting in 1859.

The above nine reports occupy 239 octavo pages of the Transactions ; and over fifty members have been appointed on educational committees. Where so strong an interest is manifested, we cannot believe that the difficulties in the way of adopting some uniform system for recommendation are too great to be overcome. It is true, the Association cannot, perhaps, enforce any such system, but its influence is yearly becoming greater, and its recommendation may be almost equivalent to a law. We do not mean that the exact course of study is to be prescribed, but certain conditions should be, and probably will be insisted upon, such as a uniform standard of preliminary education, a three years' course of study, with attendance on two full courses of lectures in separate years, sufficient clinical attendance, regular examinations or recitations, &c. &c. ; and such schools as do not conform to these recommendations will be regarded in the same light as an individual practitioner who violates the code of ethics adopted by the Association.

At an informal meeting of medical gentlemen, held in this city, last week, the subject of medical education was discussed, and a free interchange of opinion took place. About fifty members of the profession were present, including Dr. Crosby, of Dartmouth College, Hanover, the President of the Teachers' Convention ; Dr. Hooker, the Dean of the Medical Faculty of Yale College ; and Dr. Blatchford, Chairman of the Committee of Conference, appointed by the Association to meet the Committee of the Teachers' Convention, before the next annual meeting.\* A large number of letters which have been

\* These Committees will meet at New York, on the Friday (June 1st,) preceding the next annual meeting of the Association.

received by the Chairman of the Convention Committee, from various gentlemen, on the subject of medical education, were read, expressing various opinions, and offering different plans, which were freely discussed by those present. On one point, the necessity for a full three years' course of study under the direction of a regular practitioner, as a pre-requisite to graduation, all were agreed, and the value of a uniform system of registration to secure proof of this. There was some difference of opinion at this meeting upon matters of detail. The chief topic of discussion was the appointment by State Societies of delegates to attend the examinations made by professors, and also the impracticability of taking from medical schools the duties of examining and recommending candidates for degrees. One obvious reason for this is to be found in the fact that the State governments are the sources of the power of conferring the degrees, and have intrusted it to boards appointed by themselves, to whom the professors recommend candidates. Harvard University has had, for more than two hundred years, the power of conferring the degree of Doctor in Medicine. The corporation, composed of seven persons, of whom only one member at the present time is a physician, nominate the professors. The board of overseers, composed of thirty-seven, the Governor and Lieutenant Governor of the State, the President of the Senate and Speaker of the House of Representatives, being ex-officio members of this board, confirm the nomination, and these two boards confer degrees, voting on those recommended by the Medical Faculty. A committee of this board, composed of physicians, visits the medical school every year, and receives from every professor a report of the instruction given in his department. The professors of Yale and of Dartmouth Colleges explained to the meeting the modes of influence and supervision exercised by the profession and laity in their respective schools. The advantages of the plan were urged by gentlemen connected with schools, where it had long been in successful operation. At Hanover (Dartmouth College), two examinations are appointed by the New Hampshire State Society, who are paid by the faculty, at the rate of one dollar for each student. The delegates may examine, if they please, and they are always consulted when there is any difference of opinion as to the merits of a candidate, but they have no vote; they are present by courtesy, extended by the College to the State Society. A similar system is adopted successfully at Yale College.

The difficulties in the way of carrying out this system in colleges which graduate a large number of students, are obvious. In some of the schools in Philadelphia, for example, two or three hundred are graduated at a time, and it is customary for each candidate to call on the professors separately, the examination sometimes lasting for weeks. Here it would be impossible to establish a supervision by a board of delegates. It is true the method of examination might be altered; a much larger number of students is examined at Harvard College, at the close of each term, under the supervision of boards of examiners, but these boards are composed of some two hundred persons, arranged in sixteen committees. There can be no doubt that the thing is practicable, if the wants of the community demand it, although it may be for the interest of certain schools to resist such an innovation. We are inclined to think that the system of examiners appointed by State Societies, while it may answer well in certain schools, is ill adapted for others. The standard of education is regulated, to a

considerable degree, by the requirements of the community. Those whose field of labor is to be among a sparse population, with limited notions about medical attainments, and moderate ability for remuneration, will seek a school where they can be graduated on the easiest terms. On the contrary, a physician who is to practise in a thickly settled community, where the standard of education is high, and the competition great, will find it an advantage to have graduated at a school in which the examinations are thorough, and whose degrees are evidence of high qualifications for practice.

We regret that our limits will not allow us to report in detail the remarks, both on this subject and on others connected with medical education, which were made by various gentlemen present at the meeting referred to. We can only say, that the fullest appreciation of the importance of the subject of medical education was manifested. We have no doubt that the Teachers' Convention will be able to recommend, at least, some general plan, which shall obtain the endorsement of the American Medical Association, and of the profession generally, and which public sentiment will compel all schools to adopt. There certainly can be no doubt that the number of imperfectly educated and incompetent doctors of medicine, has been largely on the increase within a few years. The records of examinations made by the navy and army medical boards fully sustain such an assertion.

Two circulars sent to the members of the two committees are appended, that our readers may know the precise points which will be before these committees at their meeting on Friday, June 1st.

*Boston, October, 1859.*

DEAR SIR,—A Committee was appointed at the meeting of the Convention of the Medical Schools of the United States, held in Louisville, Ky., on Monday, the second day of May, 1859, to consider the matters brought before the Convention, so as to propose a definite course of action at the adjourned meeting of the Convention to be held in New Haven, Ct., on Monday, the fourth day of June, Anno Domini 1860.

At a meeting of this Committee, held in Louisville, soon after their appointment, it was unanimously agreed upon to propose the adoption, by the Convention of Medical Schools, of a rule, requiring from every candidate for the degree of Doctor in Medicine, certificates of the study of Medicine during a period of at least three full years, under the direction of a regular practitioner of medicine, who shall certify to the same under his own hand, and of attendance on two full courses of lectures at a medical school recognized as regularly organized by this Convention, with an interval of at least seven months between the termination of one course and the commencement of the second.

It was proposed, also, that a resolution be passed, that any school which does not adopt and enforce this rule shall not be allowed to send delegates to the Convention of Medical Schools, nor to the American Medical Association, and that its graduates shall not be recognized as regular practitioners of medicine.

It was thought advisable to recognize the deficiency in preparatory education on the part of many who offer themselves as students of medicine, and that all practitioners of medicine, as well as all professors, should be exhorted to do all in their power to impress upon those wishing to study medicine, the importance and great advantage of intellectual and moral discipline and culture, as well as of a good knowledge of their own mother tongue and of some acquaintance with the Latin language, and with the elementary truths of mathematics and physics.

It has been also suggested to the Committee to propose a mode or plan for the enrolment and registration of students, to be recommended for general adoption. Will you be good enough to furnish the Committee with an account of what is done in your School in this respect, and generally to make any suggestions to them of matters which you think it well to bring before the Convention.

Troy, 26th September, 1859.

MY DEAR DOCTOR,—You doubtless know of your appointment at the Louisville meeting of the American Medical Association, as one of “a Committee of five, to confer with the Committee of Medical Teachers, and report at the next annual meeting.”

As Chairman of that Committee, I should be pleased to learn your views upon the subjects referred to us. They are, I believe—

1st, The Resolutions of the New Jersey State Medical Society, recommending Boards of Censors for each Judicial District.

2d, The Resolutions appended to the last years’ report on Education, by Dr. James R. Wood.

3d, Dr. Davis’s Resolution concerning Preliminary Education, and

4th, Dr. Sayer’s Resolution, recommending the appointment, by each State Medical Society, of Examination Delegates, &c.

It has occurred to me that an *early conference* of the joint Committee is essential to any satisfactory result. Let us meet at some central point and talk over the whole subject in a friendly way, viewing it in all its bearings, and it is possible we might reach a conclusion satisfactory to both Colleges and the Profession at large. A hasty meeting the day before the annual meeting is too contracted to accomplish much. I remain yours truly, THOS. W. BLATCHFORD.

WOORARA IN TETANUS.—A case of alleged cure of tetanus by woorara, reported to the Imperial Academy of Medicine at Paris, by M. Chassaignac, subjected the reporter to a pretty severe cross-questioning, by members of the Academy, from which it appears that there is considerable doubt of the effect which the remedy had in curing the disease. The medicine was administered both internally and externally. About two grains were dissolved in four ounces of vehicle, and a teaspoonful given every two hours, the dose being doubled toward the end of the treatment. For the outward application, about four grains were dissolved in the same quantity of fluid, and applied to the wound on pledgets of lint. The poison was not tested upon an animal, and hence there is no certainty that it was of good quality. The case, although presenting some of the characteristics of tetanus, such as trismus and emprosthotonos, was, properly speaking, of a local rather than a general kind, and consequently of a kind in which a spontaneous cure is often observed to take place. In fact, one of the surgeons who saw the case in consultation, called it “chronic, intermittent tetanus.” There is no particular reason why woorara should *not* cure tetanus, but this case by no means shows that it can; and even had it been a well-marked example of the disease, and the cure followed soon after the application of the remedy, the case would of itself be insufficient to establish such an inference.

We were amused to see the case referred to in one of our daily papers under the title of “*The Lock-jaw can be cured.*” According to the editor, M. Chassaignac’s case “appears to establish conclusively that lock-jaw can be cured by means of the curare poison.” Half the physicians in the community will doubtless be asked by their patients all the particulars of the case, and those who do not employ the remedy in future, in cases of tetanus, will doubtless be frequently blamed. It is a weakness of human nature to put faith in specifics, and to judge of the whole from a part. Nothing has so much retarded the progress of therapeutics as these hasty generalizations, and while we cannot blame the community for a natural love of the marvellous, we wish there was less of it in the profession.

**THE HARTFORD BAYONET WOUND CASE.**—The tone of various communications and private letters recently received, shows that our efforts to do justly by both parties in this case, have failed in satisfying either. Perhaps such a result was unavoidable with the state of feeling which unfortunately exists among those personally connected with the case. The only explanation of our own remarks which we feel called upon to make, and the only additional notice of the case we are inclined to impose upon our readers, ninety-nine hundredths of whom care nothing about it disconnected from its surgical interest, is a word or two respecting the use of the term *authentic* in the first editorial remarks upon the subject. We are not aware that we employed the word in any unusual sense, when we meant to express by it that the *name* of the writer of the article alluded to was known to us, although not appended to it in print. It did not occur to us that we should be understood as necessarily endorsing either the standing of the writer or the truth of his statements—our sole intention being to convey the idea that the article, though published anonymously, was from a source known to the editors.

**CHICAGO COLLEGE OF PHARMACY.**—The first course of lectures at this institution will begin on Nov. 9th, and continue twenty weeks. Three lectures per week will be delivered. The members of the faculty are Drs. James V. Z. Blaney, Prof. of Chemistry; F. Scammon, Prof. of Pharmacy; and John H. Rauch, Prof. of Materia Medica.

**APPOINTMENT AT THE MAINE MEDICAL SCHOOL.**—Dr. Israel T. Dana, of Portland, has recently been elected to the chair of Materia Medica in the Maine Medical School, filling the vacancy occasioned by the resignation of Prof. Chas. A. Lee. Dr. Dana is a gentleman of superior attainments in his profession, and his appointment cannot fail to promote the best interests of the School.

**VERMONT STATE MEDICAL SOCIETY.**—The Semi-Annual Meeting of this Society was held at Montpelier, Oct. 26th. The following officers were elected:—*President*, Dr. E. A. Knight, of Springfield; *Vice President*, Dr. H. H. Palmer, of Ludlow; *Recording Secretary*, Dr. P. Pineo, of Hartford; *Corresponding Secretary*, Dr. C. B. Chandler, of Montpelier; *Librarian and Treasurer*, Dr. Charles Clark, of Montpelier.

**HEALTH OF THE CITY.**—The most striking feature in the mortality of the past week is the death of *nine* individuals by smallpox. Four of these were males and 5 females; they were all adults except 2, and 4 of them died at Deer Island. The "infantile diseases," affecting children under 5 days old, caused 8 deaths, all males. Of course several distinct affections are included under this head. There were 5 deaths from "debility," all the subjects being over 70, except one of 57. The number of females (12) who died from consumption was twice that of males. The total number of deaths for the corresponding week of 1858 was 58, of which 16 were from consumption, 7 from pneumonia, 0 from smallpox, 6 from infantile diseases, and 2 from debility.

**COMMUNICATIONS.**—Disease of the Trachea, treated by Inhalation.—Bronchophony. *Books and Pamphlets Received.*—Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England. By James Paget, F.R.S., &c. Second American Edition.—Humboldt's Life and Character. An Address by Alfred Sillé, M.D.—Transactions of the Medical Society of the State of Pennsylvania.—Description of a Deformed Fragmentary Human Skull found in an ancient quarry-cave at Jerusalem. By J. Antken Meigs, M.D.—Minutes of the Tenth Annual Meeting of the Medical Society of the State of North Carolina.

**MARRIED.**—In this city, 1st inst., C. Ellery Stedman, M.D., of Dorchester, to Miss Edith E., daughter of the late Hon. Isaac Parker, of Boston.

**Deaths in Boston** for the week ending Saturday noon, November 5th, 78. Males, 35—Females, 43.—Apoplexy, 1—Inflammation of the bowels, 1—congestion of the brain, 1—burns, 1—cancer, 2—consumption, 15—cholera infantum, 1—croup, 2—diarrhea, 1—dropsy, 1—dropsy in the head, 2—debility, 5—infantile diseases, 8—erysipelas, 1—scarlet fever, 2—typhoid fever, 3—gangrene of the lungs, 1—disease of the hip, 1—haemorrhage of the lungs, 2—Inflammation of the lungs, 3—intemperance, 1—marasmus, 1—malignant pustule, 1—neuralgia, 1—premature birth, 1—scrofula, 1—smallpox, 9—suicide, 1—teething, 1—throat distemper, 1—tumor in uterus, 1—unknown, 2.  
Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 20—between 40 and 60 years, 16—above 60 years, 8. Born in the United States, 61—Ireland, 15—other places, 2.



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SUDDEN DISAPPEARANCE OF AN ABDOMINAL TUMOR.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN a late number of the JOURNAL was a case of procidentia of a large portion of the gravid womb of about the fourth month. The chief proof to Mrs. ——'s mind was a similar fact in her first pregnancy. The womb was put in place, and she was told to keep still, in bed, and if up to wear a T strap. I first saw her 1st July, 1859. She called to see me a few days since, and said her child was born July 31, at the fifth or sixth month, was born alive, but soon died. Her health was good.

*Case of Abdominal Tumor which very suddenly disappeared.* —Mrs. —— gave the following account of her case. Age, 32; for ten years, occupation strictly sedentary, often requiring protracted attention at night; health sensibly impaired; very severe dysmenorrhœa and dysuria; and frequent "bilious attacks," so called. The symptoms of these last were vomiting, purging, and intense colicky pains. The dysuria and colic probably produced by neglected bladder and bowels. Was married two years before I saw her, and was at once relieved from her arduous duties. Has not been pregnant, nor freed from her old complaints. Latterly, has been in constant attendance on a sick member of her new family, which has involved great fatigue and anxiety. Catamenia has continued regular, and at a period a few weeks before I was called, was very profuse, but as painful as ever. The cause of my being called was the discovery of a large, firm tumor in the abdomen, and some new troubles. The principal of these were a very distressing sense of fulness in the abdomen, difficulty in walking, especially up and down stairs, and in rising from a chair, or the bed. To do this, she was obliged to use her arms as levers, her hands firmly seizing and pressing the chair, or bed, and so enabling her to raise herself.

Examination discovered a large, solid tumor, extending from the umbilicus to the symphysis, broadly occupying the correspond-

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ing lateral regions of the abdomen, making the central protrusion less than might have been looked for. The circumference at the highest point was thirty-six inches. *Per vaginam*, the pelvis was more than half filled with a firm, rounded tumor, continuous with that in the abdomen, the os uteri looking toward the sacrum, the cervix being lost in the general intumescence. The sphincter of the vagina was much contracted, and the whole of the vagina, from its beginning and as far as examined, so exquisitely tender as to make the examination painful to the last degree. What was this tumor? An attempt was made at a subsequent visit to introduce the sound, but such was the direction and firmness of the os uteri that I could but just enter it. The tumor was so fixed in the pelvis that it resisted such effort as was made to change its place, and to bring the os within reach. Again, what was this tumor? I have purposely called it abdominal, for though clearly to my mind uterine, I would not give it any distinctive name.

Sept. 3d, 1859.—Treatment—tinct. iodin., to abdomen over the tumor, once daily. Aqua calcis muriat. thrice a day. My compound belladonna ointment to pelvic extension of the tumor, *per vaginam*, once a day.

At the end of a fortnight, tumor, by admeasurement, decidedly diminished. Tenderness of vagina less. Tumor in pelvis and dysuria less. Can rise from chair, and walk, with comparative ease.

At the end of the month, Oct. 3d, tumor no longer felt. Os uteri in place. Cervix natural. Dysuria gone. No complaint.

Mrs. — is a lady of excellent mind and culture. Her occupation made it essential for her to study much, and many things. She could give an accurate account of her feelings and symptoms, and especially of such changes as were occurring in her disease, and of her entire recovery. She was not imaginative, or a fancier of tumors, but in a simple, quiet manner described her case—the relief and the recovery.

In Mrs. —'s case there was not any vaginal discharge, nor increased secretion in any other organ during treatment. Changes occurred very rapidly, but without any other occurrences than have been reported—relief of very distressing symptoms, and, as was said, recovery.

Sir Charles Mansfield Clarke, speaking of the diagnosis of fleshy tubercle of the uterus (or the disease under notice) says:—"It is only in its early stages that it can be mistaken for pregnancy, because when the tumor of pregnancy rises above the brim of the pelvis, the motion of the child may be felt. The tumor of pregnancy after this time increases quickly, that of the fleshy tubercle slowly," &c.

Sir Charles gives the diagnosis of ovarian dropsy, but says nothing of solid ovarian tumors, which may be confounded with fleshy uterine tubercle. How difficult may be the diagnosis of abdo-

minimal enlargements is most painfully manifested in the case of Lady Flora Hastings, one of the Maids of Honor of the Queen. Sir Charles, and other distinguished medical men about the Court, pronounced Lady Flora pregnant. She died, and examination showed a large, solid tumor in the cavity of the abdomen—pregnancy never having existed!

Well do I remember a case, in which what was supposed to be an ovarian tumor was removed by excision. The patient died soon after the operation, when it was discovered that the enlarged womb had been cut away, and not an enlarged ovary.

Concerning the treatment of fleshy tubercle, Sir Charles has the following:—"Although no medicine can remove the tumor, there is reason to believe that these tumors have been spontaneously absorbed."—*2d Vol., Eng. Ed., p. 250.*

There can be no question that the removal—spontaneous cure—of this disease, has been effected by absorption. But may not this process be promoted by medicines which are known to increase the action of the absorbents? I have reported cases where there was the best reason in the world for believing this—cases in which tumors have been rapidly growing, but in which, under regular and constant treatment, arrest of growth has occurred, and the tumors have at length entirely disappeared, or which are in a fair way to recovery. These cases are in the JOURNAL. The tumor in the case above reported was clearly and rapidly increasing. Cases of abdominal tumors, having the same character of rapid increase, are in the books; rare, indeed, but in sufficient number for reference. One attained to such size in three months as to fill the abdomen. In Mrs. ———'s case, local and constitutional symptoms attended the rapid increase of size. Among these were declining flesh, strength, health, embarrassment on motion, dysuria, and very painful disturbances of the abdominal viscera. After treatment, the abdominal tumor rapidly diminished in size, and the general and local symptoms gave way as this important change proceeded. This was doubtless the result of absorption. At least, there was no evidence of any other agency in the recovery. Did not the treatment aid recovery? I believe it did. "But I do not," says friend ———, at my elbow, "I believe they got well by themselves." Sir Charles, and his adherents, get support from my friend. He is an excellent man, of mature age, and deserves to be believed. Let me extend this doctrine a little. Who knows but that all diseases cure themselves? We have just now a distinguished medical authority abroad, and one at home, who, it is said, argue with much force that diseases cure themselves, in spite of the doctor and his pills. To be sure foreign reviewers, I am told, convict these distinguished men out of their own mouths—by their own books—of very false logic, and say that they are not worth the crack of a finger-joint as authorities for their own doctrines. As I have not read their books, I feel under no obligation to read

the reviews which are said to be so overwhelmingly conclusive against them. But does not disease *cure* itself? Let me state a fact or two, which some may think are answers to the question.

CASE I.—Miss —, aged 11, was seized with the formative symptoms of typhoid. The fever soon showed its colors, so to speak, at the mast-head. She was of very feeble constitution—as they say—delicate, small, thin—apparently the very worst of subjects for such an onslaught of such a disease. She was treated after the method of an English physician, who had lived long in a tropical climate, and who by long and careful analysis of the fluids, blood, &c., in fevers, came to the conclusion that a very important change in the amount of saline ingredients of the blood, &c., was a result of febrile action. Upon this hint, he tried non-purgative salts in fever, and was satisfied by results that his theory was right, for the success, at least, of his treatment was great. I had adopted his method in the treatment of fever in the Massachusetts General Hospital for the many years I was attached to that institution, and the result, as the records show, was satisfactory. Miss — was at once put on the use of bicarbonate of soda. Her disease was long—convalescence slow, but perfect. She has been in better health since, than she had ever been before she had fever.

CASE II.—Miss —, a sister of the above, was taken with the same fever. She was *toto cælo* unlike her sister. She was tall, large, of extraordinary development of mind and body, and of fullest health. I have rarely seen a brighter, or a more joyful, healthful being. The typhoid attack was in perfect harmony with her whole state. It was as violent as it could well be. The brain was at once disturbed, and in the first week there was fierce delirium. Two and three persons were in constant attendance to restrain her—to prevent her doing herself great harm. Dr. Jackson saw Miss — with me in the first week. He spoke of the extreme danger of such delirium—he had rarely seen recovery where cerebral disease of this character had occurred in the first week of typhoid. The cases had for the most part been fatal.

Miss — resisted medicine so successfully that she literally took none during her disease. Water she would now and then drink. During convalescence her sister eat freely of calf's-foot jelly. It was her main food. Miss — was a frequent partaker of the same, and grew very fond of it. When it was clear that she must sink from total abstinence, delirium, sleeplessness, &c., some jelly was offered her. She seized upon it as one starved. She eat it constantly, and with a freedom which her morbid—you may say, natural, healthful—instinct demanded. She recovered, almost without the stage of convalescence—lost neither flesh nor color. In six weeks she was about house, and ready for school. Her sister was thirteen weeks before recovery.

CASE III.—Mrs. —, the mother of the above, was seized with

typhoid during Case II.'s recovery. She was entirely "worn out," and had a long, complicated, and dangerous disease. She was prostrated at once, with as little apparent prospect of recovery as any typhoid case within my memory. She recovered, but months elapsed before she regained perfect health.

Being one day in a ward of a hospital, the physician in attendance asked me to look at two patients. They were lying side by side, each on his nice bed, and very closely resembled each other. They were about 25 each, of equal length, flesh, and sound looks. You will rarely meet with two men more nearly alike. "These," said Dr. —, "are cases of acute rheumatism. They came in together, and have made equal progress to recovery. Their treatment has been as unlike as any two things can well be. He has taken colchicum, and liquid farinaceous diet—and he beefsteak, &c., full diet ever since he entered, and you see they are about equally convalescent. I see no difference in this respect between them."

Here are three cases of questionless typhoid, and each of more than average violence. They recovered—two under moderate medication—the saline treatment; one, and apparently the gravest, without a particle of medicine, so called. She recovered in less than half the time of the two others, and without the least apparent waste of flesh—power—health. There are two cases of acute rheumatism, of certainly very striking resemblance in the person, age, and vigor of its subjects—perfect strangers to each other. They were convalescent at the same time, and under most opposite methods of treatment—colchicum in one, beefsteak in the other. Says "the friend at my elbow," "why not then treat all diseases in the same manner—uterine and other abdominal tumors get well of themselves—why not let all diseases alone? I have a young lady with a tumor in the abdomen as large as my fist; why tease her with remedies? You have just quoted Sir Charles M. Clarke, and he and others say that these tumors, when they do disappear, cure themselves. Why—why—but I will not put another question." My "elbow friend" was getting into trouble clearly, for he was getting warm—almost rhetorical—though sinning ordinarily, in this way, much less than any other one of my somewhat extended professional acquaintance.

In answer, I quietly remarked, *hunger* is not one of the symptoms, in the books, of either typhoid, or acute rheumatism. We may lead the horse to the water, but the horse will not always drink. The proverb is somewhat musty, I grant, but its must or age no more hurts it, than does it or they hurt cheese or wine. I think we may err in not obeying instinct oftener. Sir Charles M. Clarke has been quoted on an important and different question indeed; but there was another Sir, whose christian name was John, who always paid profound respect to instinct, and who, if he did not cure disease, certainly saved his life through it, which was quite as important a matter. This fealty to instinct may be some-

times misplaced. Thus the dyspeptic, who eats mince pie for supper, and plum cake at tea, may not sleep as well as if he had disobeyed his instinct. But the sick man may frequently aid treatment. I have just attended two cases of scarlet fever. The first, aged 9, was a very severe case. There were exceedingly painful swellings of the wrists and hands, and of the abdomen; cough, evidently from throat irritation; delirium, sleeplessness, &c. He wanted cider, demanded—cried for it; and this early in the disease. He got cider. His sleep, such as it was, was broken by his sharp, quick cough, which always produced a scream. For this he got Dover's powder. For two succeeding nights he took ten grains each, in divided doses, with great relief. Afterward he got less, until his sleep was good. In short, cider and Dover's powder made up his whole active medication.\* In the second case, aged 11, the disease was less strongly marked; the constitutional and local disturbances being less grave than in the first. He asked for cider; but it was clear that it was rather from *imitation* than instinct; the demand came, and he was not indulged. The swellings were confined to the neck. There was no cough. The skin was hotter, and the pulse quicker. Convalescence began some days earlier than in his brother. These cases are for illustration of a principle, which may declare itself in various ways, each demanding different measures.

There is one view about active treatment which deserves special notice. It may be continued when no longer necessary; especially is this true of *special* treatment. It is a nice matter to know when convalescence begins. We have much about diagnosis, prognosis, &c.; but nobody has systematically treated of convalescence. The doctrine of crises necessarily involved the nature, signs and treatment of convalescence; and he who could see a crisis coming, or knew it when it had come, had the very best guidance for the after treatment of disease, or rather of the stage of convalescence. Hippocrates did not actively interfere with the proper symptoms of disease. All he attempted was to palliate them. When a crisis came, its treatment depended on its perfect or imperfect development. We have lost sight of much of this old method of inquest and treatment. We have, some of us, some hints about the length of disease, or when change may be looked for. Thus we may look for change about the eighth day of pneu-

\* The opiate treatment of inflammatory diseases, has been steadily gaining ground. Dr. Saml Danforth, I think an early President of the Massachusetts Medical Society, and Dr. Fisher, of Beverly, a President of the same, were both of them strenuous advocates of opium in inflammation. In later times, we have Prof. Alonzo Clark as its advocate, in the treatment of puerperal fever, occurring, too, in hospitals, where it is always so fatal—as Wm. Hunter says, always is so. Prof. Clark has used opium with unequalled success, and in quantities almost fabulous. Dr. John Ware bears witness to its usefulness in croup. Stewart found it, in large doses, highly efficacious in uterine hemorrhages after labor. But it is not necessary to multiply authorities. Opium is used for removing pain. Has it not a higher office? Does it not alter that condition on which pain depends? Pain is sensation occurring in structures which are not the natural organs of sense, and is produced by a morbid state of such structures. The office of opium is either to alter such condition, or to prevent its communication to the brain. It thus either removes morbid conditions, or places them in a state either for self cure, or for the best action of remedies.

monia; and the fifth day of puerperal peritonitis has been thought to present signs or facts of change, or crisis. In cases of those diseases, which may terminate favorably, some remission of symptoms or rather signs of recovery may be observed. A wider observation, or a closer attention to these circumstances in disease, might essentially aid in answering those most difficult and important questions concerning further active medication—namely, how much longer may such treatment be safely continued? and when convalescence may be known to have begun?

If I am now asked what I would do in regard to abdominal tumors, of which an instance is in this paper, my answer is, that I would do what would best promise to promote their absorption, or disappearance, as I have already done, and after the use of which, these tumors have, in more than one instance, disappeared, and in others have been checked in their growth. No matter what may be the size of such tumors—whether of a fist or a bushel measure, I would labor faithfully to promote their removal, and by means which would not disturb existing general health. I believe we have such means. They have been tried, and my purpose is, as opportunity occurs, to try them again.

#### BRONCHOPHONY—LAENNEC AND SKODA.

[Communicated for the Boston Medical and Surgical Journal.]

AMONG the doctrines which Skoda holds in opposition to Laennec, his explanation of bronchophony by the theory of consonance holds, as is well known, a prominent place. Markham, the translator of Skoda's work, remarks in his preface, that "whatever may be the fate of this theory, one thing may be fairly predicted to result from Skoda's enunciation of it, and from a consideration of the experiments and reasonings on which he bases it, and that is, a recognition of the fact that Laennec's explanation of bronchophony by the increased sound-conducting power of consolidated pulmonary tissue, is not true, at least in every case." It must be true or false in every case, nevertheless, in principle. A recent writer\* on auscultation of the voice, expresses his views in reference to Skoda's "experiments and reasonings," in disproof of Laennec's explanation of bronchophony, as follows: "Skoda appeals in the most unbiassed manner to a few well-established principles of natural philosophy, and to a few quite plain experiments instituted by him, to prove beyond a doubt the utter fallacy of the theory of Laennec, which was adopted throughout France; and it is astonishing how, nearly twenty years since Skoda first opened publicly his contest against Laennec, with weapons no other than sound logic and an unbiassed mind, there should still to this day, here and there, *cis et trans mare*, exist some stragglers of the

\* Dr. J. Herzka. N. Y. Journal of Medicine, 1859.

French army. But every cause, every idea, and every theory, finds its Epigones—be it table-moving, know-nothingism, or some special Franco-mania.”

Skoda's admitted disproof of Laennec's views upon this subject appears to have given rise to a series of fruitless attempts to supply the supposed deficiency in auscultatory science, and thus to secure a prize that eluded the grasp of Laennec himself. Have we, in these repeated failures, an illustration of the principle that “no superstructure can be secure while its basis rests on untruth”? Or was Laennec at fault in his “principles”? The ground will be taken, in the present communication, that Skoda furnishes no proof whatever of the “fallacy of Laennec's theory,” notwithstanding the alternative presented the writer of being ranked among the “stragglers,” “table-movers,” &c. And as the asserted disproof of Laennec turns mainly upon the “established principles,” it will be unnecessary to regard the experiments of Skoda, which have also been contradicted in their results by others.

Now the gist of Skoda's argument consists in the proof he is supposed to have adduced, that air is superior to solid bodies in sound-conducting power, contrary to “the generally-received opinion” and that of Laennec, and consequently that healthy lung parenchyma is a better conductor of sound than consolidated lung tissue. The proof that air is the better conductor of sound, is comprised in the following data, or “principles.” “The human voice, and every other sound which is formed and propagated in the air, is heard farthest in the air.” “A sound in one room passes with difficulty into another.” “Any one wishing to weaken his hearing, stops his ears.” The ticking of a watch is heard more distinctly through a hollow tube than through a solid cylinder. “It is a remarkable circumstance,” Skoda further observes, “that auscultators should make use of a hollow tube, and not solid cylinders, and yet assert that dense bodies are better conductors of sound than air.”

It is apparently out of deference to Skoda's statement that “the human voice is heard farthest in the air,” that Walsh concedes the superior conducting power of air. “In regard of conduction,” he says, “theory would say that as the human voice is best propagated in air, the more the lungs are rarefied, the higher would their conducting power become,” &c.

But is it not true, also, that sound formed in a given solid is heard farthest in the solid? “The slightest scratching at one end of a long rod may be heard,” says Skoda, “if the ear be brought in contact with the other end; while no sound whatever is audible in the air, although the ear be brought much nearer to that end of the rod whence the sound proceeds.” That sound formed in water is heard farthest also in the water, Skoda furnishes the following proof. “The sound formed by striking two stones together, under water, is distinctly heard there, and even causes a disagreeable



sensation, while out of the water it can be scarcely recognized." These facts furnish the following statement: sound may be heard in the medium in which it originated, while other media in contact are not sensibly affected at an equal distance, or "sound is heard farthest in the medium in which it is originated." But does the fact that sound formed in the air is heard farthest in the air, that sound formed in a solid is heard farthest in the solid, and that sound formed in water is heard farthest in the water, prove that air is the best conductor? If so, it proves, at the same time, the absurdity that each of the media concerned is the best conductor. It therefore proves nothing as to their relative conducting power. That constitutes an entirely new and distinct question, which, though professing and admitting to have settled, Skoda does not even touch. It appears to be "well established" in acoustics, however, that while sound may be generated and propagated in all elastic media, its velocity and intensity are, other things being equal, directly as the densities of the media it traverses.

But the facts embraced in the above quotations, according to Skoda, not only prove the superior sound-conducting power of air, but also "show that sound does not pass readily from dense bodies into the air, or from the air into dense bodies." Now if we understand sound in elastic bodies to mean simply elastic bodies in a state of vibration, the above generalization will admit of the following change of phraseology: dense bodies in a state of sonorous vibration do not readily excite sound in the air, nor do the sonorous vibrations of the air readily generate corresponding vibrations in dense bodies. But do not the vibrations of the bell, the drum, the violin-string, &c., readily excite sound in the air? So readily, in fact, does sound pass from solid bodies into the air, contrary to Skoda, or so easily is the air thrown into sonorous vibrations by the vibrations of solid bodies, that one solid can scarce impinge upon another, without producing sound in the air of some sort. Indeed, the vibrations of solid bodies, excited by their mechanical action upon each other, constitute the common (though not universal) source of sound in the air. On the other hand, it appears to be true that sonorous vibrations in the air have but a feeble effect upon solid bodies, or "sound does not pass readily from the air into dense bodies." The vibrations of the bell, excited by the stroke of the tongue, readily excite sonorous vibrations in the air, but the vibrations or sound of the bell in the air, by impinging upon a second bell in immediate proximity with it, may have no perceptible effect upon it. The mechanical action of solids upon each is requisite to the more full development of their sonorous elasticities. The relations of air to solids and of solids to the air, when in a state of sonorous vibration, thus appear to be widely different, though Skoda would have us understand that sound passes with equal difficulty from the air into solids, and from solids into the air. The reason, too, is readily apprehended when we

consider that the momenta of sonorous waves are, other things being equal, like their velocities, or the densities of the media in which they reside, and that it is by the mechanical impulse of these alone that an original sound is re-produced in a new medium.

Nevertheless, the vibrations of solid bodies must have a certain degree of intensity to excite appreciable sound in the air. The vibrations of the rod, generated by slightly scratching one end (a common illustration of the ready propagation of sound through solid bodies, when once originated in them, and instanced by Skoda, ostensibly for the purpose of receiving an explanation in conformity with the views he is endeavoring to establish, which is the vague statement that "no part of the sound passes off from the rod into the surrounding air, but remains wholly concentrated in it") may be too feeble to excite appreciable sound in the air, though they are readily propagated, or "conducted," throughout the rod.

If "a sound in one room passes with difficulty into another," it is evidently because the aerial waves are too feeble in their mechanical impulse to reproduce the sound in the solid walls of the room, not because sound may not be as readily propagated in the walls of the room as in the air, when once established in them. The auscultator uses a hollow tube for the reason that the sound passes from the surface of the chest to the ear more perfectly through one medium, the air in the tube, than through two media, the solid cylinder and column of air between it and the tympanum of the auscultator. Also because the vibrations of the surface of the chest have a greater effect upon the air, than upon the solid cylinder; that is to say, the sound is more easily and perfectly reproduced in the air than in the solid cylinder, air being peculiarly susceptible of sonorous vibrations from solids, on account of its relative density and specific elasticity. The establishment of sound in the air and cylinder is, however, a very different thing from the propagation, or conduction of the sound, after being generated in them. The sound will pass the rod with the greatest rapidity and intensity, though greater mechanical force is requisite for its generation in the rod than in the air.

In short, every fact adduced by Skoda in proof of the superior conducting power of air, relates simply to the general proposition, that sound is heard farthest in the medium in which it is originated; or, as a corollary to it, that sound passes more perfectly from one given point to another through a single medium than through two media. Nor do "the experiments and reasonings" of Skoda determine anything as to the relative conducting power of different media. It may be well to have the confirmation of this statement from Skoda himself. "The difference in the conducting power of air, wood, and other bodies," says he, "has not been experimentally determined." Nothing, then, most certainly has been determined against Laennec's views upon this subject.

## REMARKS ON ANÆSTHESIA, AND THE AGENTS EMPLOYED TO PRODUCE IT.

BY GEORGE HAYWARD, M.D., LATE PROFESSOR OF SURGERY IN THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON, U. S. A.

[From the British and Foreign Med.-Chir. Review.]

THE discovery by which surgical operations can be rendered painless is one of the greatest connected with our profession, second only to that of vaccination. It is a blessing to the human family that cannot be overrated; and having been among the first to make a successful use of it in surgical practice, I thought that a brief sketch of the history of anæsthesia, and some remarks on the comparative value of the agents employed to produce it, would not prove uninteresting.

It was my fortune to perform the first capital operation on a patient rendered insensible by the inhalation of sulphuric ether. This was done on November 7th, 1846, at the Massachusetts General Hospital, Boston. On September 30th, preceding, Dr. Morton, a dentist, administered it to a man, from whom he extracted a tooth without causing pain. Almost immediately after, he requested the late Dr. John C. Warren, who was at that time the acting surgeon at the hospital, to use it at that institution. Dr. Warren consented. It was inhaled by a patient, with partial success, on whom Dr. Warren operated on October 16th. The operation was the removal of a nævus from the face. On the day following, I extirpated a large fatty tumor from the arm of a female, who was made wholly unconscious and insensible by the inhalation of the ether. The operation lasted seven minutes.

At that time Dr. Morton was, I thought, the only person who knew what the anæsthetic agent was. On November 1st, I took charge of the surgical department of the hospital, and in a day or two after Dr. Morton asked me if I were willing to allow him to administer his "composition," as he called it, to a female whose limb I was about to remove above the knee. I told him I would not, unless I knew what the article was, and felt confident of the entire safety of its administration. He at once told me that it was rectified sulphuric ether. He allowed me to communicate this to my colleagues, with an understanding that it should not be made known publicly, until he had obtained a patent, for which he had already applied. On the following day the operation was performed, in the presence of more than two hundred spectators.

It rarely falls to the lot of a professional man to be the witness of a scene of more intense interest. The operating room was crowded. Many were obliged to stand. Besides the class of students in attendance on the lectures, numbering more than a hundred, and many of the principal physicians and surgeons of the city and neighborhood, there were present several clergymen, lawyers, and other individuals from the various callings of life. When I entered the theatre, before the patient was brought in, I found

it, to my surprise, filled in every part, except the floor on which the table stood, with persons on whose countenances was depicted the almost painful anxiety with which they awaited the result of the experiment they were about to witness. I simply told them that I had decided, with the advice of my colleagues, to allow the patient, on whom I was to operate, to inhale an article which was said to have the power of annulling pain. The patient was then brought in. She was a delicate-looking girl of about 20 years of age, who had suffered for a long time from a scrofulous disease of the knee-joint. It had at length suppurated; there were extensive openings into the cavity of the joint; the cartilages were ulcerated and partly absorbed; the bones carious, and symptoms of hectic fever had already made their appearance. As soon as she was well arranged on the table, I told her that I should let her breathe something which, I hoped, would prevent her from suffering much from the operation, and that she need not be afraid of breathing it freely.

As the ether was at the time administered by means of a large and clumsy instrument, which required to some extent the coöperation of the patient, it was desirable that the amputation should be done as rapidly as possible. Everything, therefore, was arranged with this view. I decided to perform the flap operation. One person was to compress the artery, another to withdraw the flaps, a third to hand the instruments, and a fourth to watch the pulse. I grasped the patient's limb with my left hand, and held the amputating knife behind me in my right, carefully concealed from her view. The mouthpiece of the inhaling instrument was then put into her mouth, and she was directed to take long inspirations. After breathing in this way a short time, the nostrils were compressed, so that all the air that went into the lungs must first pass through the machine, and of course be mixed with the vapor of the ether. She breathed with perfect ease and without struggling, and in about three minutes from the time the instrument was put into her mouth, Dr. Morton said, "She is ready." A death-like silence reigned in the room; no one moved or hardly breathed. I passed the knife directly through the limb, and brought it out as rapidly as I could, and made the upper flap. The patient gave no sign of feeling or consciousness, but looked like one in a deep, quiet sleep. Every other person in the room took a full inspiration that was distinctly audible, and seemed to feel that they could now breathe again. The second flap was then made, the bone sawed, five arteries were tied, and as I was tightening the ligature upon the sixth and last, she groaned, being the first indication of sensibility that had been given. Nothing more was done than to bring the flaps together, cover the stump with cloths dipped in cold water, and apply two or three turns of a roller to keep them in place. Her consciousness soon returned; she was wholly ignorant that the operation had been done. For some

time she would not believe it, and said that she had felt nothing till I tied the last artery. The operation lasted a minute and three quarters, not including the time required to tie the arteries. I did it rapidly, though it has been done in less time, because I feared that the insensibility might pass off, and we had no means then, as we have now, of continuing it as long as is necessary.

Patients who have inhaled ether, when its effects are at first passing off, are usually bewildered, not easily controlled, and by no means inclined to do as they are desired. It would be almost impossible to persuade one of them at such a time to breathe through the instrument that was then in use. At present, fortunately, we can keep up the state of anæsthesia as long as we wish, by administering the agent employed for this purpose by means of a sponge. This simple contrivance was first used at the Massachusetts Hospital.

The patient whose case I have just spoken of recovered rapidly from the operation, was in good health when I left home eleven years after, and I have no reason to suppose that she is not so at the present time.

It will be readily believed that a result so successful, and witnessed by so many intelligent persons, made it impossible to doubt the anæsthetic power of the agent employed, and what this was very soon became known. In an almost incredibly short space of time, numerous operations were performed on persons rendered insensible by the inhalation of ether, in various parts of the United States and Europe, and there is hardly a country in Christendom in which it has not been thus used to a greater or less extent.

*The Anæsthetic Agents.*—These are sulphuric ether, chloroform, chloric ether, and amylene. The two latter are now rarely used for this purpose, and probably never will be again. Chloric ether is simply a tincture of chloroform. There are two kinds, one the concentrated and the other the chloric ether of commerce. The first is composed of one part of chloroform to nine of alcohol; and in the other there is one part of chloroform to fifteen of alcohol. It can be prepared by mixing the two ingredients of which it is composed in the proper proportions, and if the alcohol which it contains be evaporated, nothing but chloroform remains. It is evident that it derives its anæsthetic properties from the chloroform, and it is therefore as unsafe as that article; for the alcohol, though it renders it less efficacious, does not make it more harmless.

*Amylene*, the chemical elements of which are equal parts of carbon and hydrogen, has caused death in several instances. There have been so many fatal cases in proportion to the number in which it has been exhibited, that no one hereafter will probably be sufficiently reckless to use it.

*Chloroform* was first employed by Professor Simpson, of Edinburgh, who thought that it possessed "various important advantages" over sulphuric ether. He said that it was more portable,

more agreeable to inhale, less exciting, and that it gave a greater control over the patient. That it is more portable and more agreeable to inhale, I admit, but that it is less exciting and a more efficient anæsthetic agent, I deny. But the principal objection to it is, that its inhalation sometimes causes death. Its advocates admit that this has occurred in sixty cases, while others believe that there has been double this number. But be the number what it may, so many have died from its inhalation, that many persons are in favor of abandoning its use altogether. Death produced by it cannot now be attributed in every instance, as it was at first, to the impurity of the article, or to the exhibition of too large an amount, or to the want of skill or judgment in the administrator. There have been several fatal cases lately, where the chloroform was said to be of the purest character, and a small quantity only inhaled, and this, too, in the presence and under the direction of intelligent, well-educated and careful men.

The truth is, that chloroform, when inhaled, acts on the system in a way that is not yet well understood, and may destroy life in spite of the utmost caution. Its effects are sometimes so sudden, that no foresight can prevent a fatal result. Unless some means, therefore, can be discovered that will render its inhalation safe, common prudence and a regard for human life would seem to dictate that it should be no longer used in this way. It is true that the state of unconscious insensibility produced by it is a blessing of countless value to those who are to undergo severe surgical operations, not only by rendering them painless, but at the same time disarming them of their terror. And these are not the only advantages of anæsthesia. It in great measure prevents the shock to the nervous system which not unfrequently defeats the skill of the most expert surgeon, it enables him to operate more deliberately, removes all necessity for haste, which is often the result of the sufferings of the patient, and makes the performance of some operations comparatively easy, which in the ordinary state of the system could hardly be done at all. It is not, therefore, to be wondered at that professional men are reluctant to abandon the use of chloroform, and their unwillingness might be excused if there were not a substitute equally efficacious, as easily administered, and entirely safe. That rectified sulphuric ether is such a one, I have no doubt. I have witnessed its effects on several hundred patients upon whom severe surgical operations were performed, and all of them were rendered motionless, unconscious and insensible. In no instance was there any alarming or serious consequence. It does not act as speedily, perhaps, as chloroform, but in no case were more than eight minutes required to produce complete anæsthesia. It can be effected in much less time when atmospheric air is not allowed to mix freely with the vapor of the ether. This is the method pursued in the hospital at Naples, where no other anæsthetic agent is used; and I saw a patient undergo a

severe surgical operation there without the slightest suffering, who was brought into this state by inhaling ether only a minute and a third! But when administered thus rapidly, it is apt to produce a distressing cough and sense of suffocation for a moment, and there might be some reason to fear asphyxia from the exclusion to too great an extent of atmospheric air. Professor Polasciano, however, told me that he always gave it in this way, and had never seen any more troublesome symptoms than those I had witnessed in the case just alluded to. These, though distressing to the patient, were of short continuance, and by no means alarming.

There is no doubt in my mind that sulphuric ether should be used as an anæsthetic agent to the entire exclusion of chloroform. It is as efficacious, and I should say without hesitation, after having seen chloroform administered by others in many cases, that ether produces a more complete state of unconscious insensibility. Its effects pass off sooner, and less vomiting, nausea and headache follow its inhalation. It is as easily administered. All that is required for its administration is a bell-shaped sponge, with a concavity large enough to cover the nose and mouth. If the patient breathes it gradually, little or no irritation is produced in the larynx and air-passages, there is but little if any cough or sense of suffocation, nor a distressing or unpleasant symptom of any kind.

There may be some persons to whom the odor of ether is offensive and irritating, but they are comparatively few, and even they can be brought under its influence without any very great annoyance.

The quantity of sulphuric ether required to produce anæsthesia depends very much on the manner in which it is administered. If the patient is made to inhale it rapidly, and the atmospheric air is to a great extent excluded, a small amount will be sufficient. From four to eight ounces may be regarded as the average quantity. It is rare to meet with a case in which less than four ounces will be used; and in protracted operations, in which it is desirable to keep up the state of insensibility for a length of time, I have often given more than eight ounces. The ether should at first be poured on the concave part of the sponge; one or two ounces will be enough for this purpose. When the inhalation is going on, it is better to pour the ether on the outside of the sponge, so as to avoid the necessity of removing it from the face. From half an ounce to an ounce should be used at a time in this way, till anæsthesia is produced. When this takes place, the patient is wholly unconscious, and has no control over the voluntary muscles. He is unable to raise his eyelids when told to do so, and gives no indication of hearing or consciousness, if spoken to in a loud tone. The pulse usually becomes slower than the ordinary standard, though at the beginning of the inhalation it is quicker.

It is, I am confident, a perfectly safe anæsthetic agent. I have not been able to find any well-attested case of death from its in-

halation. There may have been such, but they have never come to my knowledge, though I have taken unwearied pains to obtain information on this point.

It has been said, that this may be attributed to the fact that ether is not extensively used, but that if it were, there would probably have been as many fatal cases in proportion from it, as from the inhalation of chloroform. But this statement is not strictly correct; for though ether is not employed as an anæsthetic agent to any extent, if at all, in Great Britain or many parts of Europe, it is used in Lyons, Naples, and is almost the only one that is administered in the principal hospitals of the United States of America, where its now familiar properties were first discovered.

I have given it in several hundred cases, and witnessed its exhibition by others in as many more. I have administered it to infants not three weeks old, and to persons more than threescore years and ten, and have never in a single instance seen an alarming or distressing effect produced by it. On the first introduction of ether into surgical practice, it was not thought safe to allow persons to inhale it in whom there was reason to believe there was any disease of the heart or lungs, or who had any tendency to an affection of the brain and nervous system. But for some years past I have been in the habit of administering it to individuals of this description, and have as yet had no cause to regret it. In such cases I have thought it prudent to have the vapor of the ether inhaled more slowly, so that it may be more diluted with atmospheric air than under ordinary circumstances; of course the patient could not be brought as soon under its influence as when taken in the usual way.

The state of the system which is produced by the inhalation of ether is that of narcotism, similar precisely to what is induced by drinking immoderately wine or other alcoholic liquors. It is a state of intoxication more transient and less dangerous than that from alcohol. Its effects pass off sooner, because the vapor of the ether begins to escape from the lungs as soon as the patient ceases to inhale it; while alcohol taken into the stomach is carried into the circulation, and mixes with the blood, and in this way acts longer, if not more powerfully on the brain, though its narcotic effect is not so soon produced. It is possible that life might be destroyed by the inhalation of ether, if it be continued uninterruptedly for a great length of time and a great quantity inhaled. Fatal congestion of the brain might thus be produced, as sometimes happens when alcoholic liquor has been taken to excess. But no person of ordinary prudence would administer it in this way. Long before the occurrence of such a result, symptoms of an unequivocal character would indicate the approaching danger.

When death follows the inhalation of chloroform, on the other hand, there is no merciful premonition. The late Dr. Snow, whose



experience on the subject was perhaps greater than that of any other person, thought that "*sudden palsy of the heart* is the cause of sudden death from chloroform." In death by asphyxia, the heart beats for some minutes after breathing has ceased; "whereas in some cases of death by chloroform, the breathing has been proved to go on up to the time the pulse stopped, and after it."

With the hope that those who may have occasion to employ any anæsthetic agent will at least make a fair trial of *rectified sulphuric ether*, I respectfully submit these remarks to my professional brethren.

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Oct. 10th.—*Case of Abdominal Tumors Simulating Pregnancy.* Dr. STORER reported the case.

Mrs. H., 36 years of age, had one child five years since. Until April last, she enjoyed good health, and was perfectly regular in her menstrual periods, both as to length of continuance, and quantity. At that time, she ceased to menstruate; her abdomen soon after began to enlarge in the region of the uterus; she complained of nausea, and she and her family supposed pregnancy to exist. The abdomen gradually enlarged, until she suffered so much from dyspnœa as to cause her great distress, and to compel her to consult her family physician, who also considered her *enceinate*.

I visited her on the 25th ult. She was in bed, lying on her back, with her knees elevated. She seemed much emaciated; her countenance was anxious, from constant distressing dyspnœa. The abdomen was much enlarged—more so than is commonly the case at the fifth month—presenting at the lower portion the usual appearance of pregnancy, in its form, with an unusual quantity of fluid, the intestines being crowded and entirely above the umbilicus.

On the right side of the *linea alba*, a firm, resisting body could be distinctly felt, which resembled the head of a fœtus. This, upon pressure being made, readily receded. Opposite this, on the left side of the *linea alba*, was also perceived a resisting body which seemed to be the extremity of the trunk, which was similarly affected by pressure. Scarcely any change was perceptible in the *cervix uteri*. Upon the patient's assuming the erect posture, ballottement was produced, as perfectly as I ever felt it. As in every case where I had felt ballottement the woman was found to be pregnant, and as I was acquainted with no writer who had met with this characteristic sign except at this period, I concluded that pregnancy existed, and decided to produce premature delivery.

At my next visit, on the 26th ult., assisted by my friend, Dr. Borland, who visited her with me daily, and coincided with my views of the case, I injected a quantity of tepid water into the os, that a separation of the membranes might be produced from the uterus, without a loss of the liquor amnii. As no uterine contractions had commenced on the 28th, I passed the uterine sound, and found the organ empty.

I now told the family that a solid body was in the cavity of the abdomen: what it was, I could not determine, but I thought it must be a case of extra-uterine foetation: and if so, it ought to be removed, as in the patient's exhausted and sinking condition she could survive but a few days. Dr. J. Mason Warren saw her the next day, and after a careful examination of her case, agreed perfectly with my diagnosis and proposed treatment.

Unavoidable circumstances prevented me from operating until the 3d inst. At this time, assisted by Drs. Warren and Borland, the patient being fully etherized, I made an incision through the linea alba, below the umbilicus, from three to four inches in extent. Upon making a small opening through the peritoneum, a large quantity of fluid gushed out. Passing the hand into the abdominal cavity, an oblong body was felt upon the right side, resembling a substance enclosed in a cyst. This was carefully slipped through the aperture, and proved to be a diseased ovary. A strong ligature being applied to the broad ligament, the diseased mass was removed.

A second, and larger tumor, was now found occupying the left side of the abdomen, which upon its removal was also found to be an ovary: it was treated as the former.

The operation was performed with great ease. No difficulty was experienced from the protrusion of any portion of intestine through the incision. Scarcely an ounce of blood was lost, and I cherished the hope that my patient might do well. During the succeeding thirty-six hours, she was very comfortable, and expressed much gratification that the operation had been performed. At the expiration of this time, peritonitis supervened, and she died on the third day.

*Remarks.*—The experience of every physician must have taught him the utter impossibility, not unfrequently, of diagnosing abdominal tumors. It is unnecessary to refer to individual cases where mistakes have occurred; with some, you are all familiar.

Several of the circumstances in the case just reported, were so peculiar as to leave but little doubt that pregnancy existed. Previous to April, the catamenia had been perfectly regular. Upon their cessation, peculiar sensations were experienced, such as slight nausea, more or less pain in the back, and general uneasiness. In a short time the abdomen began to change in appearance. At first, a gradual enlargement took place, which became more rapid during the last month of the patient's life. The peculiar feel of the resisting body through the abdominal parietes, and the perfect ballottement, seemed, previous to the passage of the sound, to indicate *intra-uterine* pregnancy; and when this proved not to be the case, *extra-uterine foetation* appeared to be the most probable condition.

The case proves incontestably that ballottement, as perfect as in pregnancy, *may exist* when the uterus is empty and a solid body floats freely in ascites.

*Description of the Tumors by Dr. Ellis.*—The growths had a flattened oval form. The largest was eight inches long, five wide and three thick. Externally, it was lobulated and vascular. The cut edge of the band divided in the removal of the mass, was two inches and a half long and a quarter of an inch wide. At one extremity of this, a portion of the growth, two or three inches in diameter, was of a yellowish color and presented the appearance of some mammary glandular formations. The cut surface had a fibroid character and was in

some parts vascular. The tissue, though firm, was every where infiltrated with serum, and at one part there was a well-marked cyst, about half an inch in diameter, with a secondary cyst projecting into it. Many round, firm granulations, from one to two lines in diameter, were sparsely disseminated over the surface. A number of round, reddish nodules, from a quarter to half an inch in diameter, were also seen.

The smaller mass was five inches and a half long, and four broad. It resembled the other, with the exception that it was somewhat paler, and near the external surface presented a peculiar radiated appearance, as from the separation of the fibres by serum. In one part a little pus was seen.

Examined with the microscope, the greater part of the growth was found to be fibrous. In the small granulations were a few small, indistinct nuclei. In the yellowish lobular portion were lobules filled with large granular corpuscles of various sizes, without nuclei or nucleoli. There were also many free corpuscles of the same character, and much fat.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 17, 1859.

APPLICATION FOR THE PRIZE OF M. BRÉANT.—Some years ago, M. Bréant, in France, left the sum of £4,000, to be given to the discoverer of a specific for the treatment of cholera. The conditions are that the remedy should, in the opinion of the Imperial Academy of Medicine, be as undoubted in its effects as is quinine in the cure of intermittent fever. Lately a Dr. Pickering, of York, England, has urged his claim for the reward, but on account of the irregular manner in which his remedy was presented to the Academy, it was not favorably received by that body. Dr. P. then made a personal appeal to the Emperor, and succeeded in enlisting the sympathy of that august personage. A communication was sent to the Academy, by the Minister of Public Instruction, together with Dr. Pickering's letter, and a request to be informed what steps had been taken by the Academy in the matter. It was stated in reply that Dr. Pickering had announced his discovery to the Academy, and had forwarded samples of his medicines, but refused to divulge the formulæ without a pecuniary compensation. The Academy had consequently no alternative but to reject the application, and to exclude him from the *concours* for the Bréant prize. Dr. Joseph Ayer, of London, was also an unsuccessful applicant for the prize. His remedy consisted in small doses of calomel and laudanum, repeated every five or ten minutes during the period of collapse.

THE CLIMATE OF AUSTRALIA.—We translate the following passage from a recent work by M. Thiercelin, on the Treatment and Curability of Pulmonary Consumption:—"Everybody knows that England is the country of predilection for phthisis; that this disease is especially prevalent and fatal in the cities of Great Britain, and that there, as everywhere else, it attacks chiefly the lowest ranks of society. It is also well known that Australia has been peopled, in great part, by the class most predisposed to phthisis—by paupers and malefactors. Now I spent six months at Sidney, the capital of Australia, where I looked for consumptives, but found hardly any. Everywhere the people were vigorous and glowing with health. Moreover, mothers who had lost phthisical and scrofulous children in England, had reared up in the new country numerous families in luxuriant health.

What had hereditary predisposition done here? Nothing; its influence had disappeared with the circumstances predisposing to the disease.

**IMPORTANT LIBEL CASE.**—The suit brought by Dr. Ira Barrows against Dr. D. H. Storer, of this city, which has, in a different shape, been before the Courts for some years, was finally brought to trial in New Bedford last week, and resulted in a disagreement by the jury. The alleged libel was first published in this JOURNAL, and Dr. L. V. Bell was the original defendant in the case.

**TREATMENT OF DYSPEPSIA.** *Messrs. Editors,*—In the course of a long practice in cases of indigestion, I have found the following prescription to have done good service. R. Prep. carb. iron, calc. magnesia, pulv. elm bark, each  $\mathfrak{z}$ i.; pulv. cubebs,  $\mathfrak{z}$ ss. M. Take a teaspoonful, half an hour before eating, in half a teacupful of water.

A PRACTITIONER.

**DR. HAYWARD ON ANÆSTHESIA.**—We re-print from the last number of the *British and Foreign Medico-Chirurgical Review* an able paper by Dr. GEO. HAYWARD, on Anæsthesia, in which, of course, preference is given to rectified sulphuric ether, as being equally efficacious and infinitely more safe than chloroform. We trust it will awaken the attention of the profession in England to the dangers of the latter agent, and to the advantages of ether, which has not yet been proved to have caused a single death.

**HEALTH OF THE CITY.**—Smallpox continues to be the chief fatal disease next to consumption; of the 7 victims to it, 4 were adults, and 3 were children from 5 months to 7 years. We notice 4 deaths from croup and 2 from pneumonia. There were but 22 deaths of children under 5 years of age, and 31 of subjects between 20 and 60. Of the 10 deaths from consumption, 6 were of females and 4 of males. The total number of deaths for the corresponding week of 1858 was 75, of which 16 were from consumption, 4 from pneumonia, 0 from smallpox, and 1 from croup.

**DISINFECTANTS IN PARIS.**—Ever since Messrs. Corme and Demeaux proposed sulphate of lime and coal tar as a disinfectant, purifying agents have been the order of the day. The merit of the discovery was of course at first disputed; and every one who thought he could contrive some disinfecting compound sent papers and samples to the Academy of Medicine or of Sciences. The last applicant is M. Boinet, well known by his works on Iodine, who, in a paper read Sept. 20th, before the Academy of Medicine of Paris, contends that the foulest sores can be rendered perfectly sweet by applications of tincture of iodine. There will be no harm in trying this agent, which, no doubt, has already rendered very great service.—*London Lancet*, October 8th.

*Books and Pamphlets Received.*—Proceedings and Debates of the Third National Quarantine and Sanitary Convention. (From Dr. John H. Griscom.)—Annual Address delivered before the Connecticut Medical Society. By Benjamin Hopkins Catlin, M.D., President of the Society.—Illustrations to How to Work the Microscope. By Lionel Beale, M.B., F.R.S. (From the Author.)

**MARRIED.**—At San Francisco, Cal., Oct. 6th, Dr. Hugh H. Toland to Mrs. Mary B. M. Gridley, daughter of the late Dr. Morrison, of Dresden, Me.

**DIED.**—At New York, 7th inst., Gay Carleton Bayley, M.D., 74.—At Beverly, N. J., 5th inst., John M. Brewer, M.D., formerly of Philadelphia, and a native of Framingham, Mass.—In this city, 12th inst., Mrs. Harriet Morland, widow of the late Robert Morland, Esq., and mother of Dr. W. W. Morland, aged 67.

**Deaths in Boston** for the week ending Saturday noon, November 12th, 68. Males, 32—Females, 36.—Apoplexy, 1—asthama, 1—Inflammation of the bowels, 2—Inflammation of the brain, 1—congestion of the brain, 1—cancer (in the stomach), 1—consumption, 10—convulsions, 1—cholera infantum, 1—croup, 4—diarrhoea, 2—dropsy, 2—dropsy in the head, 2—dyspepsia, 1—debility, 1—infantile diseases, 3—puerperal diseases, 2—erysipelas, 1—typhoid fever, 3—disease of the heart, 3—Inflammation of the knee, 1—laryngitis, 1—congestion of the lungs, 1—Inflammation of the lungs, 2—marasmus, 1—old age, 1—palsy, 2—pleurisy, 1—peritonitis, 1—smallpox, 7—whooping cough, 1—unknown, 2.

Under 5 years, 22—between 5 and 20 years, 8—between 20 and 40 years, 17—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 42—Ireland, 19—other places, 7.

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## CASE OF DISEASE OF THE TRACHEA.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—The following case of disease of the trachea, displaying the curative power of the local application, by inhalation, of a solution of iodide of iron in laudanum, is in my opinion of sufficient importance to justify the forwarding the particulars for your pages.

Early in September, a gentleman applied for advice for a disease of his throat, which had existed about six months, causing much mental uneasiness, for fear of possible consequences; more especially as he had been under treatment the greatest part of the time, and had had the nitrate of silver applied daily for weeks, and taken internal remedies, without thus far having derived much, if any, benefit. A more robust and healthy-looking man is rarely seen; his chest was unusually large, and, on examination by auscultation and percussion, there was not found the least deviation from a perfectly normal state in every respect. He complained of a constant, uneasy, tickling sensation at the lower part of the trachea, placing his finger on the circumscribed point of suffering. There was a constant desire to clear the throat, by a frequent hacking cough, accompanied at times by slight expectoration.

On examining the throat, there was slight inflammation over the posterior part as far down as could be seen, but not sufficient to account for his actual condition. After due consideration, I did not hesitate to express the opinion that he had undergone too much medication by the too frequent applications of the caustic, which, though really valuable occasionally applied, will prove prejudicial in many cases from its too frequent use in rapid succession. I appreciate highly the use of this remedy, and am in the habit of using it when required; but certain am I that, frequently, instead of proving of benefit it does harm. So soon as any remedial agent becomes fashionable, it is seldom that it is not injudi-

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ciously resorted to on all occasions. Having employed this remedy on my own throat, hundreds of times, it is fair to infer that I have carefully watched its effects. For my patient I ordered a mild remedy in the form of a paste, to be used as freely as he chose by sucking it, and letting the accumulated saliva be used as a gargle before being swallowed. I also ordered a liniment of aqua ammonia, tincture of capsicum, and spirits of camphor, to be well rubbed on the throat several times a day, and on going to bed to apply a thick compress soaked in salt water to the front and sides of the neck, to be kept on all night, and when removed in the morning to rub the throat and chest with a coarse towel wet with salt water, finishing by dry rubbing. Continuing this course for some days, relief was experienced, as far as a decrease of the hacking cough, but the difficulty was not removed.

I had purposely avoided alluding to inhalation, believing it would not be necessary; but the persistence of the disease, in spite of the above remedies, after the lapse of a few days, it was considered improper longer to delay the use of the only remedy adequate to effect a perfect cure. He was directed to use, in my presence, a small portion of a solution of iodide of iron in laudanum, to allow me to judge of the effect, it being a strong remedy which occasionally I use with advantage, by means of a small inhaler proper for small quantities of the more active agents. No unpleasant effect was produced, and he remarked that he could feel the impression made by its action on the part affected. At the end of twenty-four hours, he called and reported that the point had been gained, that he had inhaled about a dozen times, a few inhalations at a time, as directed, and that he felt decidedly better, the uneasiness and hacking being already much less, and scarcely of any moment. He felt convinced that it would effectually cure, and such I am happy to say was the end of this troublesome local inflammation, as he informed me in about a week, when he left the city. Before leaving, he was enjoined on no account to neglect the morning and evening hard rubbing the throat and breast, with the coarse towel and salt water, which I think highly of as *the only means* of overcoming that proclivity to taking cold, so serious an obstacle to a perfect recovery in all affections of the respiratory organs.

A few remarks in reference to the high opinion I entertain of medical inhalation, may not be out of place. In 1827, I was forced to direct my attention to this subject, and since that time I have not ceased to employ it in private and hospital practice, with unquestionable advantage. It would indeed be strange were it not very highly appreciated, when I reflect on the fact that it alone effected a perfect cure in my own case, after having enjoyed the advice of the first medical men in the United States and France, after having used many hundred leeches to the throat, after being cupped at least one hundred times, suffered from blisters and tar-

tar emetic ointment to a great extent, and had in the throat and breast five setons worn through a space of almost two years, without more than keeping the disease at bay. It required, however, no little resolution, with the constant use of the inhaler for many years, as well as a great variety and large quantity of the most active medicines, before perfect health was obtained. This fact is noticed, to apprise some of my medical confrères that it is by no means an easy or quickly-accomplished task to derive from inhalation all the positive good that it does occasionally perform. Mark, I say not, *always*. In tubercular consumption, while in some cases the influence exerted by appropriate inhalation has been well marked, it is necessarily a vain hope to look for much, if any real benefit, when commenced in the last stage, with the constitutional and local symptoms of the worst form. But in the early stage, *in conjunction* with other remedies, which, as in other serious diseases tending to death, must vary to meet actual indications, and in diseases of the throat and bronchi, I consider myself justified in asserting that we have a right to anticipate real benefit and many actual cures.

The length of these remarks precludes, for the present, my desire of noticing some facts bearing on the real curative power of certain remedies for the treatment *and cure* of pulmonary consumption, which, for five years, in the wards of the Charity Hospital and in private practice, I have used quite largely. The general conclusion has been forced on my mind, that the disease, phthisis, is much more under the control of medicine, not neglecting the hygienic and dietetic resources—valuable, indeed, they are—than is generally believed to be the case.

In conclusion, allow me to remark, that in the communication forwarded last year, a case was given, with a true statement of all the remedies employed, and precisely the same remedies have been in daily use, to my entire satisfaction, and the decided relief, and by no means infrequent cure of well-marked cases of phthisis pulmonalis, and this, be it noted, without in a single instance having observed or known of the least real inconvenience, and but rarely the slightest nausea. An additional observation I am induced to make, after having carefully perused the able remarks of Dr. John Bell, in the Fiske Prize Essay contained in the last number of Dr. Hays's Journal, as regards the real benefits supposed to result from the constant employment of alcoholic liquors for the treatment of consumption, and that observation is, that, indirectly, the course of treatment which I do pursue is strongly confirmative of the position which by statistics he has conclusively proved—for, except under such circumstances that it matters little what may be allowed to afford comfort, not one drop of alcoholic or malt liquor is allowed to my consumptives, as long as curative efforts are being resorted to. I know well that in all cases of phthisis, a supporting, tonic, or building-up system is required to

counteract the characteristic depressing influence of the disease; but I am equally certain, that, as a general rule, the use of stimulants is contra-indicated. In the use of tonics, both mineral and vegetable, in conjunction with other remedies, to be hereafter specified, I sincerely believe I have been enabled to practically prove the controlling power of medicine over phthisis. It may be that you will consider me over-sanguine; but believing facts will bear out my opinions, such as they are, I think it my duty to promulgate them.

#### BRONCHOPHONY—LAENNEC AND SKODA.

[Concluded from page 318.]

If, indeed, consolidated lung parenchyma were inferior to the healthy lung tissue in sound-conducting power, we should have less thoracic voice in the former than in the latter state, as "the rule"; since, no matter whether the laryngeal voice reach the parenchyma mainly by propagation along the walls of the air-passages, or exclusively through the medium of their contained air, it must pass the parenchyma before it becomes bronchophony, and ought to lose in intensity in passing to the walls of the chest in proportion to the loss of conducting power of the parenchyma by condensation. This point, however, appears to have been overlooked from confounding the aerial voice of the bronchi with that which is heard by the auscultator, as regards their intensity.

But sound once formed in solid bodies being transmitted through them with great intensity and rapidity, and the route of the voice from the walls of the larynx to the walls of the chest, through the solids, regarded as a single medium, being approximated to that uniformity of physical constitution throughout, by union of the bronchial walls to the walls of the chest by condensed parenchyma, which constitutes the perfect conductor of sound, the question is not, indeed, so much whether air or solid bodies be the best conductors of sound; nor is it whether the aerial vibrations of the larynx pass into the chest through the medium of the air of the trachea and bronchi, which cannot be doubted: it is whether, between the two given points, the larynx and the walls of the chest, the voice, already formed both in the walls of the larynx and its contained air, passes mainly through the walls of the air-passages and condensed parenchyma, or into the chest exclusively through the medium of the air of the air-passages to be re-produced in the walls of the bronchi—whether between the two points the sound passes mostly through the single medium or exclusively through the two media.

"Physics teach us," according to Skoda, that "sound is always reflected in passing from one medium into another," and that "less sound enters into the new medium than would have been propa-



gated through a corresponding space of the one in which it was originally excited." Less sound, then, enters into the bronchial walls from their contained air than passes from the walls of the larynx along the continuous and connecting solids to the walls of the chest. Also, "sound passes more readily from the air of the air-cells and bronchial tubes into the parenchyma of healthy lung, than it does from the air of the larger bronchial tubes into the consolidated tissue of an hepatized lung." The hepatized lung, then, would lessen the thoracic voice, if, as Skoda and others maintain, the sound passed into the chest through the medium of the air of the trachea and bronchi alone.

Dr. Herzka,\* assuming that loss of vocal expiratory power is a constant accompaniment of increase of the thoracic voice in condensation of the lungs, supposes that the increase of the voice depends upon the greater facility with which it passes to the hepatized lung, or condensed parts of the lung, on account of the air in the bronchi supplying those parts being at rest, in speaking. But does not sound pass more perfectly from one given point to another through a single medium than through two media, the media being "at rest"? Again, if the outward current of air in speaking had the supposed effect in preventing the passage of the voice to the lung parenchyma in its healthy state, the sound from the larynx must reach the bifurcation of the trachea with an intensity essentially diminished in all states of the lungs; since the outward current in the trachea is the same, the laryngeal voice being of uniform force, whether the source of the expired air be one or both lungs. And when the sound reaches the parenchyma, according to Dr. Herzka, "the compressed or infiltrated part of the tissue has no strengthening power for the voice, it cannot make the voice stronger than it receives it"; on the other hand, if he is correct in his opinion as to the disproof of Laennec by Skoda, the condensed part must diminish the intensity of the voice according to its loss of conducting power. The thoracic voice of condensed lung should therefore be less than that of healthy lung, and from the effect of the outward current in the trachea alone, it never should equal in intensity the laryngeal voice, which it is said sometimes to exceed, and according to the "established principles" the voice must pass with more difficulty to the surface of the chest through the air of the air-tubes and solids than through the solids alone, if the columns of air be entirely at rest; yet the trifling circumstance of the air being at rest in the bronchi only is made the cause of the variations in intensity of the voice at the surface of the chest. Skoda more ingeniously supposes the laryngeal voice to be reinforced within the bronchi of the hepatized

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\* "The most marked pectoriloquy of the *loud form*," says Walsh, "without hollow and ringing character, I have almost ever heard, existed over a fibrous nodule in the pleura—the lungs being healthy and simply slightly condensed at the spot by pressure."—*On the Heart and Lungs*, p. 137. Is it probable that the lung was affected with loss of vocal expiratory power?

lung. According to him, condensation of the lung tissue, as regards its conducting power, tends to lessen the thoracic voice. The consonance of the voice, however, is stronger in the bronchi of condensed than that of healthy lung parenchyma. But no matter what intensity the aerial vibrations of the tubes may have, the sound is nil to the auscultator, unless it be re-produced in the walls of the tubes also, and transmitted. Accordingly, it is assumed that "the walls of the bronchi vibrate, when the voice consonates in them, just as the walls of the larynx do," in speaking. "The vibrations thus excited *may* extend to the walls of the chest," &c. This assumption, that walls of the bronchi vibrate, as an effect of the waves of their contained air, with an intensity sufficient to account for the increase of the voice at the surface of the chest, if not distinctly made by others, must be shared by all who maintain the exclusive passage of the voice into the chest through the air of the trachea and bronchi; as the sound, whether strengthened within the bronchi or not, can pass to the surface only by vibrations.

"The walls of the bronchi vibrate, just as the walls of the larynx do." But it is not sufficient to assume that the bronchial vibrations are equal only in intensity to those of the larynx, if the comparison is intended to give an idea of their strength. They are farther from the surface than the laryngeal, and have to traverse a more complex medium. If, then, the sound at the surface of the chest is derived entirely from the bronchial walls, no matter whether the vibrations of these walls be propagated from the walls of the larynx, or re-produced, they must be stronger than the laryngeal, when the thoracic voice is equal to the laryngeal in intensity. If consolidated lung tissue is a poor conductor, and the thoracic voice sometimes exceeds the laryngeal in intensity, these facts should be taken into account also. But if sound formed in solid bodies, in general, is transmitted through them with great rapidity and intensity, are not the vibrations of the solid larynx propagated along the walls of the air passages? This medium for the transmission of sound, in regard to the physical characters of homogeneity, continuity and uniformity of structure, must be admitted to be superior to that from the bronchial walls to the surface of the chest. Yet no difficulty is perceived to the passage of the sound through the latter, while its passage through the former is denied. The contiguous solids and general coverings of the chest must also, of physical necessity, participate in the propagation of the laryngeal voice. On the other hand, the known fact as to the feeble effect of sonorous waves in the air, in general, justifies the conclusion that the aerial waves of the bronchi can contribute in but a still inferior degree to the thoracic voice either of healthy or diseased lungs.

Consonant sounds in the air do not constitute exceptions to the general fact as to the relatively feeble effect of aerial waves upon

solid bodies. It does not appertain to aerial vibrations of any sort, consonant or original, to re-produce sound in solid bodies, even the most susceptible of sonorous vibrations, stronger than the original. If a musical note in the air be strengthened by an open-mouthed bottle, or tube open at one end, brought into relation with the note, it is the air of the bottle or tube that vibrates in unison with the note and reinforces it. The walls of the bottle or tube are not thrown into sonorous vibrations by the waves of the original note, or not in a degree to render them musically sonorous. The fact suggests that the air of the bronchi may vibrate in unison with that of the larynx, and with greater intensity, perhaps, because of its confinement; nothing more. We ordinarily listen to consonant sounds also in the air, the medium in which they have their origin, and the medium which is alone capable of being excited to sound in unison with an original note, and by the mechanical impulse of its waves in the air, the result being a consonant note stronger than the original, and that only when it occupies confined spaces of definite size and form. It is a different thing to listen to such sounds through the more sonorous walls of the confined spaces, and these surrounded by "non-conducting" solids of several inches thickness. "Theory would suggest" precisely what observation confirms, according to Walsh, Flint and others, that if such reinforcement of the voice take place within the bronchi, it cannot affect the sound materially at the surface of the chest; since, if particular notes of the voice are increased within the bronchi, particular ones only being capable of increase by consonance, the increase is not heard at the surface of the chest, all the notes there being increased. Those solids which are the most susceptible of sonorous vibrations are, of course, the ones that should be the most easily excited to sound by sonorous waves in the air. "A guitar-string yields a musical note," says Skoda, "when a similar note is sounded upon another instrument in its neighborhood." But the re-produced note is feeble when compared with the original. If the fact proves anything, it is that the vibrations of the bronchial walls excited by the propagated waves of their contained air, could be but feeble compared with those of the walls of the larynx, even were the bronchial walls as susceptible of sonorous vibrations as is the guitar-string.

Skoda embraces under the head of consonance, reflection of sound also, as it occurs in confined spaces where the sound originates. "The human voice, and every other sound," he says, "is much weaker in the open air than in a room." The more dense the bronchial walls and lung parenchyma, the more do they reflect the sound from the larynx, according to him. In reference to the matter of reflection of sound, his position is, that the sound from the larynx is not only increased within the bronchi by reflection from their surface, but also at the surface of the chest—that the bronchial walls vibrate with an intensity directly as they reflect

the waves from the larynx. That is to say, a part of the laryngeal sound being reflected, and a part transmitted; the greater the part reflected, the greater also is the part transmitted. The voice in the room, however, appears to be strengthened to a listener in the room, by its reflection by the walls of the room, at its expense to one outside. Walsh's theory of the increase of the voice within the bronchi by reflection of sound, differs from Skoda only in supposing that the waves from different parts of the lung concerned, meet in some large bronchus, the result being an increase of sound at the focal point, an echo. The objection is, that the ear should be at the focal point to appreciate the echo, not outside the chest.

The assumption of the vibrations of the bronchial walls by Skoda, was necessary to carry out an hypothesis unduly entertained, and to give the appearance of completeness to his views. "Physics teach us, however," according to Skoda, that "sound does not readily pass from the air into dense bodies," and that "the more solid a body is, the more difficult is the passage of sound from the air into it;" also that "sound is always reflected in passing from one medium into another," and "the more dissimilar the media are, in respect of density and cohesion, the *greater* is the reflection of the sound, and the *less* freely does it pass from the one into the other." The more dense the lung tissues, then, the less freely does the sound from the air of the bronchi pass into them; or the more dense the tissues, the more feeble the vibrations excited in them by the aerial waves of the bronchi.

#### CASE OF OBSTRUCTION OF THE SUPERIOR LONGITUDINAL SINUS.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case, illustrating the above condition, is thought by the writer, from its extreme infrequency, to present some points of interest.

Aug. 24th, 1858.—A little girl aged eight years, the daughter of S. P., a Frenchman, was under a tree in which was a boy busily engaged knocking off the fruit with a stick some five feet long. Accidentally dropping the stick, it fell perpendicularly upon the girl's head, directly in the median line. Blood poured forth in a large stream, and, but for a physician near at hand, who was present in a few minutes and arrested the hæmorrhage by means of compression with the finger, she must have died in a very short time.

An examination into the nature of the wound resulted in finding a triangular depression of bone into the superior longitudinal sinus, at about the middle of the sagittal suture. The fragment was depressed from behind forward, and the depression admitted easily the end of the index finger. Several attempts were made to

elevate it by means of the elevator, but were followed by the recurrence of such alarming hæmorrhage as to compel us to desist, and to press the fragment back again into the sinus that the patient might not expire upon the table. The child was already nearly ex-sanguine, and the resources of our art being exhausted, it was determined to leave the case to nature. Of course, death was the only rational prognosis. Contrary, however, to the prognosis of physicians, and adding another to the many anomalous cases of recovery from serious injuries to the cranium or its contents, the child recovered rapidly, without the supervention of inflammation, and is now in good health.

The fossa or depression yet remains, and is the only trace or sequence of the injury.

What renders this case more particularly interesting is, that here, as in the case of Dr. Isaacs, which was reported at the last session of the New York State Medical Society, by Dr. C. S. Goodrich, and is included in its Transactions, there must have occurred a complete obstruction of the venous circulation in the great sinus.

In Dr. Isaacs's case the obstruction was the result of the slow growth of a tumor obliterating the sinus for several inches, the circulatory change being therefore effected gradually, and, as might be expected, without any disturbance which could be attributed to this cause alone.

In the above detailed case, the obstruction was sudden and apparently complete; the depressed fragment forming a perfect and permanent dam to the current of blood in the sinus, and yet there resulted no discoverable impairment of function.

The case is interesting as illustrating the facility with which veins and sinusses within the cranium may take upon themselves vicarious duty without serious results. D. W. HERSHEY, M.D.

Williamsville, N. Y., Nov. 15, 1859.

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### Correspondence.

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EDINBURGH, OCTOBER 26, 1859.

MESSRS. EDITORS,—My last communication was indited from the extreme south of Scotland, and related to the dietetic peculiarities of various nations: from the south, my course has been, as you perceive, northerly, and while *excelsior* as to latitude, I might, in this gem of cities, attain to a higher flight than the subject of gastronomics can prompt, and that without much effort of fancy, for "Auld Reekie" has lost none of its outward beauty; and the charm which invests its romantic history and associations, seems as vivid and powerful as when the Wizard of the North first wove his spells and sang his lays. But, for your staid and practical pages, some professional impressions will be more appropriate—accept such rapid observations as I have had opportunity to make.

It has been my good fortune, under the auspices of a most kind introductory note from Professor Storer, of Boston, to make the valuable acquaintance of Professor Simpson. Aside from the inestimable information I have derived from him by personal interviews—and especially with regard to the case of a patient of my own—I cannot forbear adding my hearty testimony to that of so many others who have spoken enthusiastically of this truly remarkable man. No one who has been privileged, like myself, with an introduction to the hospitalities of his elegant mansion, and at the same time has enjoyed the benefit of his professional skill, can fail to be at once delighted and instructed. I hardly know which to admire most—the calm, yet quick and easy way in which he makes his examinations and arrives at his diagnoses, or the courteous and pleasing manner with which he receives every one of his numerous visitors—so skilfully adapting himself to the requirements of each, whether they are patients or guests. He seems to forget nothing, and he loses no time—and so well does he manage and apportion his avocations, that an immense deal is accomplished. He truly deserves the great success and wide-spread reputation which he has obtained. His genial manners and his genuine tact and skill in determining lesions and disorders, at once attach his patients to him, and impress them, no less than the professional beholder, with a sense of his consummate ability. I am well aware that what I am stating is not new to most of your readers, but I cannot refrain from recording my own experience and impressions, and acknowledging my special indebtedness to Professor Simpson. The different gentlemen of our profession in the United States, who have visited Professor S., are all remembered by him. Inquiries for Dr. Channing's health were addressed to me yesterday, and the names of the Storers, and of Drs. Warren, Putnam, Jackson, Hayward and others, were mentioned. Dr. George Hayward, Jr., has recently visited Prof. S., and I have also had the pleasure of receiving two letters from him since his arrival in Europe.

During some two or three hours' stay at Prof. Simpson's house today, I noted the somewhat rare case of "floating kidney," and witnessed the operation for rectification of antelexio uteri, as also that of introducing a solution of morphia beneath the integument of the left side of a female patient, for the relief of local pain. The solution was thrown in by means of a small syringe, the sharp point of which easily perforated the skin. About twenty drops were used.

Last evening I called upon Dr. Wm. Husband, 28 Clarence Street, and without introduction; having determined to acquire from him personally, if possible, whatever information I could, relative to his method of preserving vaccine lymph in capillary glass tubes. I first became acquainted with what Dr. H. has already done in this respect, through our mutual friend, Dr. Hodges, of Boston, who some time since showed some of these minute tubes at a meeting of the Suffolk District Medical Society, and explained the mode of using them, as communicated to him by Dr. Husband, to whom he had written on the subject, and who forwarded to him the specimens exhibited to the Society. I spent an hour very pleasantly and profitably with Dr. Husband at his house, in conversation upon this interesting and important topic. I have previously referred to the method as that of Dr. Husband, and it is truly so; for, although the plan had been previously tried, after a fashion, he has perfected the tubes and attained

the most satisfactory results with them, both as to the preservation of the lymph for a long time, in a fluid state, and also in the skilful use of them in vaccinating. Dr. H. showed me the work of the French writer Bosquet on the subject of vaccination, with which I was not familiar. Bosquet, who was employed by the French government to investigate the subject, used tubes of a somewhat bulbous shape at one end. His success was not such as greatly to encourage him, although he ardently pursued his researches, and his book is a good one. Dr. Husband has modified the shape of the tubes, and the following brief summary will give an idea of the plan adopted, and of the success he has met with. Those who heard Dr. Hodges explain the process of charging the capillary tubes and of subsequently sealing them, hermetically, in the flame of a lamp, will remember the simplicity of the process. Through the kindness of Dr. Husband, I had, to-day, an opportunity of seeing him charge the tubes and seal them, and also of going through with the process myself, under his direction. I also witnessed his method of vaccination, at the "Royal Public Dispensary," West Richmond Street. Slight scarification of the skin of the arm is practised, and the lymph, blown by the operator's breath from the previously broken end of the capillary tube, is rubbed for a few seconds over the abraded—or rather *slightly scratched*—surface. Failure is exceedingly rare, and the procedure is much less painful than that by puncture, as usual in the United States and England. The individuals I saw vaccinated to-day—one a young infant—made no complaint whatever; or at least next to none, and that in the case of the child only—not even shrinking. The loud cries of children under the other process—puncture and insertion of quills—all medical men can bear witness to. At the National Vaccine Institution, London, the operators insert ivory points imbued with lymph, and the number of *five* points is required, by law, to each patient. The success attained is but very indifferent. That commanded by the method I to-day witnessed at the Infirmary, is so signal and constant that it must, in my opinion, become, in time, universal. The little glass tubes require care in forming, as to pattern, &c.; but they are afforded here at a very cheap rate, and I intend bringing home several hundred of them. Three hundred may be procured for about seventy cents. I also purchased to-day a scarificator (or *scratcher*) and lancet combined, a neat little instrument, which I hope to show, bye and bye, in Boston, and to demonstrate its use, and the process of charging and sealing the tubes—if any practitioners are interested to see it. The delicate little glass cylinder is very easily managed—both as to sealing and subsequently using its contents; but the process, although exceedingly simple, requires to be conducted *in a certain manner*, and with care, or, simple as it is, the experimenter will fail, and either the tube will explode (a harmless, infinitesimal explosion, as Dr. Husband characterized it), or the ends will not become hermetically closed.

Not to enlarge further upon this subject, I will briefly mention some statements by Dr. Husband, and will add that he is preparing for publication an account of his experiments and conclusions, which cannot fail to prove most valuable and interesting. In the mean time, he will feel greatly obliged to any persons who can furnish him with reliable statistics relative to the time during which vaccine lymph, *as ordinarily preserved*, maintains its power of producing a genuine vesicle, in warm and hot countries, or in the hot weather of the more temperate

climes. He claims for his own method of preserving the lymph (the tubular) a decided superiority over everything yet tried, and this in any climate; and, if I rightly understood him, he has yet to learn that great heat has at all affected the virtue of lymph thus kept.

With regard to the periods during which Dr. Husband is personally cognizant of the preservation of the lymph in capillary tubes, in full efficiency, he mentioned to me the following: four, five and six years, and seven years and three months. The latter is the extreme time he has himself known; but nine years has been attested to by another Edinburgh physician, and possibly a longer time may be known by other medical men, here or elsewhere. At all events, there is no reason why it may not be even longer, or *ad infinitum*, preserved; as it would seem wholly protected from deteriorating influences by its effectually sealed condition. The great benefit thus conferred upon the profession, and upon mankind generally, is sufficiently evident.

Dr. Husband considers it quite indifferent, practically, whether a common lancet (not necessarily, nor even desirably, so sharp as when used for venesection), or the scarificator I have mentioned above, be employed: a little cluster of incisions, or scratches, rapidly made, being all that is required. This is done in two or three (more commonly *two* only) places upon the left arm, and the lymph is then rubbed on, as previously stated. As little blood as possible should be drawn—none, if it can be avoided, consistently with efficiency. Mr. Ceeley, so well known in England—and indeed everywhere—for his research and zeal in regard to vaccination in all its details, is convinced of the superiority of Dr. Husband's method, and has adopted it in his own practice. I may mention that Dr. Graham Weir, of Edinburgh, devised the little vaccinating instrument I have mentioned; it has the merits of simplicity and convenience in a marked degree.

And now I think your pages, if not yourselves and your readers, are well pervaded with vaccine lymph, and hedged about with vaccination paraphernalia: and I dare say you will think me *inoculated*, doubly and deeply! Hoping to break out upon your snowy weekly surface, in another form, at some future time, I here bring this eruption to a close, and remain

Very truly yours,

VIATOR.

### Bibliographical Notices.

*Transactions of the Medical Society of the State of Pennsylvania, at its Eleventh Annual Session, held in Philadelphia, June, 1859.* New Series, Part IV. Philadelphia: 1859. 8vo. Pp. 120.

This pamphlet contains the record of the annual meeting of the above Society, the address of its President, Dr. Smith Cunningham, and reports from various County Committees, relating chiefly to epidemics, and also detailing interesting cases in private practice. The volume speaks well for the state of the profession in Pennsylvania, as showing a well-organized State Society, which is becoming yearly of more importance. From the county reports we extract a few interesting cases.

Dr. Holmes, of Bradford County, reports a case of *Death from Emotion*; a man committed suicide in a fit of delirium tremens, by sever-



ing both primitive carotid arteries effectually with a razor, in the public house of Mr. A. E. S. The latter, on beholding the horrible sight, fell instantly dead on the floor. Every possible means for his restoration were immediately put in execution, such as frictions, galvanism, opening the jugular vein, warm bath, and artificial respiration, but all in vain. A case of *Puncture of the Bladder above the Pubis*, is reported by Dr. Schneek, of Lebanon County. The patient had had urinary trouble for ten years, and the present retention had existed for thirty-six hours. The introduction of the catheter being found to be impracticable, the bladder was punctured over the pubis, and for two weeks the urine passed through the canula. "At the end of this time the urethra again became pervious; and the canula being now withdrawn from the puncture, the patient urinated as before, with perfect control of the sphincter." He died, four weeks afterward, from dysphagia, from paralysis of the faucial muscles. The post-mortem examination revealed a "monstrous prostate," which is called "scirrhus." The age of the patient is not stated.

The same physician reports a case of *Tubal or Interstitial Pregnancy*. A young woman, between two and three months advanced in her second pregnancy, was seized during the night, apparently from the effects of indigestible food, with diarrhœa and long-continued retching, attended with severe pain. In the morning, while vomiting, she suddenly complained of sharp pain, and felt as though *something had given way* within her; she then became easier, but began to be faint. When Dr. Schneek reached her, he found her dying. She was bloodless, pulseless, cold, but conscious. Stimulants, artificial warmth, everything were alike ineffectual: death occurred in the middle of the afternoon. An hour before death, a slight discharge of blood *per vaginam* was noticed; and five hours after, the abdomen was greatly distended, and had that doughy, inelastic feel, that might be produced by the presence of a large quantity of coagulated blood in the peritoneal cavity. No *post-mortem* examination being permitted, the diagnosis must be regarded as conjectural, but, as Dr. Schneek observes, the symptoms admit of no other possible explanation.

The following novel mode of treatment of typhoid fever, is reported as having occurred in the practice of Dr. J. M. Irving, in Mercer County. The case, that of a young Dutchman, had become very low. The doctor called one morning, and found him in a state of collapse, and unable to swallow. He thought him dying, but determined to make an heroic effort to get up reaction. He therefore ordered his Dutch attendant to administer the following injection, once in two hours, to wit:—a heaped teaspoonful of capsicum, two tablespoonfuls of turpentine, two ounces of brandy, and ten grains of quinia; and left the house. A few hours afterward he called again, and the attendant met him at the door, exclaiming, "Doctor, he will not take the medicine. He constantly bites the instrument. He took the first dose, but not the others." He went in, and found, to his astonishment, that the Dutchman, who, it seemed, was entirely ignorant of the use of the syringe, had mistaken his directions, and had forced the above dose down the patient's throat, *nolens volens*, and reaction had come on to such an extent as to enable the poor patient to make some resistance on the second attempt, which he did by biting as lustily as possible at the pipe of the syringe. The injection was the turning point with the patient. He recovered, and Dr. Irving was led by the

result to adopt a much more stimulating practice than before, and he always afterward gave capsicum and brandy freely in low forms of typhoid fever, with very good success.

The last case we shall quote is one of *Successful Treatment of Tetanus, by Chloroform*. The disease supervened forty-eight hours after a wound from a pistol-shot. The remedy was administered, by inhalation, at intervals, for several days, with relief to the symptoms, and the patient recovered.

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*Description of a Deformed, Fragmentary Human Skull, found in an Ancient Quarry at Jerusalem.* By J. Aitken Meigs, M.D., &c. Philadelphia: 1859.

THIS paper, consisting of an attempt to determine, by its configuration alone, the ethnical type of a mutilated skull, appears to have been read before the Academy of Natural Sciences, at Philadelphia. It is a masterly effort, displaying great erudition on the part of Dr. Meigs, and establishing, with much probability, from the most imperfect data, the place which the individual to whom the specimen appertained, should occupy, among the races of men.

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*Nature and Art in the Cure of Disease.* By C. B. COVENTRY, M.D., Emeritus Professor of Physiology and Medical Jurisprudence in the University of Buffalo. Read before the Medical Society of the County of Oneida. Utica: 1859.

THIS address is intended as an answer to the works of Sir John Forbes and Dr. Jacob Bigelow. We believe that the author differs from neither of these gentlemen in his estimate of the powers of medicine, and of the scope of the physician. He says, "it is believed that most practitioners will admit, that in all cases where some definite good, or some precise object is not to be accomplished by the administration of medicine, it is better to abstain from its use, and trust the cure to nature, aided by such regulations of diet, air and exercise, as the experience of the medical profession and of the individual practitioner may direct." "Many diseases require no medicine; a removal of the cause, rest and abstinence is all that is required. Many others, no doubt, if left to themselves, would in time subside, without any aid from medicine. It is, however, equally certain that the timely interference of art in the early stage of a disease will often check and arrest its progress, or convert into a mild, what would have otherwise been a severe, if not fatal disease." "As much skill is necessary in a pilot to manage his vessel safely through a storm, when no harbor is nigh, as to run her safely into port, when that is possible. So, just as much experience and skill is necessary to conduct a patient safely through a self-limited disease, as to arrest or cut short a disease where this is possible."

Surely neither Sir John Forbes nor Dr. Bigelow could say more than this, and it is evident that while all agree in regard to the powers of the healing art, the difference between them is the way of expressing it. According to Dr. Coventry, the authors have a mean and contemptible opinion of their profession. He is convinced that the work of Sir John Forbes (*Nature and Art in Disease*) "is a labored effort to destroy public confidence in the medical profession," and he says, "certainly no member of the profession can read either the works of

Drs. Forbes or Bigelow without feelings of mortification and humiliation." He admits, however, that the views of these writers have not generally been condemned by the medical periodical press.

We are at a loss to account for the hostility which animates Dr. Coventry against these two writers, since he so completely agrees with them in the most essential points. If he cannot go all lengths with them, there would seem to be no reason for accusing them of treachery to the profession of which they are ornaments, and whose standard they are seeking to elevate, not by depreciating it in the eyes of the community, as he asserts, but by eliminating from it all that tends to impede its progress. Except for the sentiments toward these gentlemen which are expressed in it, we consider Dr. Coventry's address as a very able and sensible production.

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*On the Diseases and Injuries of the Joints; Clinical and Pathological Observations.* By THOS. BRYANT, F.R.C.S. London: John Churchill. 1859. 12mo. Pp. 273.

THE author of this book is already favorably known to the public by his statistics of amputations, derived from the Records of Guy's Hospital, they being the most recent, complete, and, according to the appreciation of reviewers, correct and elaborate, which have yet been drawn up. He now presents us with another work, prepared from the Records of the same Hospital, where his position for the last five years as Surgical Registrar, has afforded him especial facilities for the compilation of cases and facts. Relying almost exclusively upon such data as this single source has furnished him, Mr. Bryant does not intend that his work should be considered a complete treatise; but although many subjects are lightly passed over, and others not touched upon at all, the book may still, in some measure at least, be considered as the exponent of the principles and practice of one of the chief London hospitals.

The author's attention seems to have been chiefly directed to the pathology and microscopic anatomy of diseased joints: and for information of this character we know of no book so complete and satisfactory. The pulpy and gelatiniform degeneration of the synovial membrane, and the inflammatory affections of the articular extremities of bones, are described with great clearness and minuteness, and the chapters devoted to them are a valuable contribution to the literature of a frequent and difficult class of cases.

But we can hardly say that Mr. Bryant has done much to facilitate their diagnosis. Nothing is more deceptive than disease of the joints. It is within the experience of all to know of joints examined after amputation, where the disease was almost *nil*, and to have seen limbs condemned to amputation, which obstinacy in submitting to the advice of his surgeon has enabled the patient eventually to preserve, ankylosed, perhaps, but still saved, and better by far than any which the ingenuity of "compensatory art" has yet produced.

These facts Mr. Bryant is fully aware of, and he lays great stress, as he well should, on the effects of patience, hygiene and constitutional treatment. He admits that Time is a ruler in surgery, as powerful as elsewhere: modifying constitutions, changing diatheses, and curing diseases, which more than once, perhaps, the saw and the knife have itched to remove. That this truth is appreciated in London, is

shown by the establishment of an infirmary at Margate, for the reception of patients requiring hygienic treatment, from the metropolitan hospitals. The wonderfully invigorating influence of the seashore is shown in no diseases perhaps more than in those of bones and joints. Taking this view of the rational treatment of diseased joints, it is to be regretted, therefore, that mercurials should not figure a little less, and opiate a little more, in Mr. Bryant's book.

We quote the following passages as expressive of Mr. Bryant's opinion of the method of forcible flexion and extension in the treatment of ankylosis, so zealously advocated by Mr. Brodhurst, and which, especially in this country, has been so generally denounced.

"In cases of stiff and ankylosed joint, following suppuration of the cellular tissue external to the joints; in others, which are generally described as rheumatic inflammation, and in cases of disease of the joint of a recent character, there can be no doubt that forcible flexion, under the influence of chloroform, is the treatment which is most applicable and successful: in the two former classes of cases, mobility may generally be restored, in the latter this result may occasionally be produced, but it is not to be expected as a rule." "Out of sixty examples which my note-book yields of partial ankylosis of the large joints, relieved, or rather cured by treatment, seven are of the hip, fifty-two of the knee, and one of the elbow."—Pp. 125, 129.

There is a very excellent chapter on "loose bodies in the joints," and another upon Bursitis. The removal of the enlarged bursa in front of the patella, instead of being the severe operation it was once thought, appears to be almost always successful. Mr. Bryant mentions eight cases operated on with success. In describing the operation, a case is mentioned where "the incision was made upon the outer side of the tumor, and semicircular, with the convexity outward; and when the wound had healed, the cicatrix was situated on the outer margin of the patella, and thus out of all harm's way from kneeling." This suggestion seems worthy of note.

The mode of production of dislocation of the shoulder is thus spoken of:—

"In thirty three out of thirty-four cases the cause of the injury was a direct fall upon the shoulder, either forward, backward or outward; in two instances only of dislocation downward, and in one of dislocation downward and forward, was the bone displaced by a fall upon the extended arm. It is thus clear that a direct blow upon the bone itself is generally the cause of dislocation."—P. 224.

We quote this passage, because we have heard it confidently asserted that diagnosis of dislocation from fracture might be made from the manner in which the accident occurred, a direct blow on the shoulder *never* producing dislocation.

We are somewhat surprised to find but a mere reference to the production of pus in the joints after catheterism, an accident first described by Velpeau, not many years since, and which, in hospitals at least, is not of infrequent occurrence. Gonorrhœal arthritis is dismissed almost as summarily, and yet the relations of cause and effect in this form of disease are hardly sufficiently settled for an author to pass it by without consideration of the arguments, *pro* and *con*.

The second part of Mr. Bryant's book treats of injuries of the joints. We are not inclined to think that the few chapters in which this subject is disposed of enhance at all its value; their introduction savors a little

of book-making. It is by the first part that the author will be judged, and in commending this to our readers, with the remark that Mr. Bryant differs in many essential particulars from other recognized authorities, we cannot forbear to express the hope that the success which his first efforts have met with will not so pervert his discretion, that in his ambition to win position as an author, he will too hastily and superficially work up the matter which his official position gives him such splendid opportunities to gather.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 24, 1859.

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OPIMUM A SUBSTITUTE FOR ALCOHOL.—At the late meeting of the British Association at Aberdeen, Scotland, some novel views on the subject of the effects of opium, when taken habitually, were broached by Sir John Bowring, whose long official residence in China entitles his opinion to considerable respect. According to him, but little danger accrues from the moderate use of this drug: like everything else, it is only pernicious when it is abused. All nations are found to partake of stimulants of some description, whether it be in the shape of tea, coffee, opium, wine, beer, spirits, tobacco, or tonic medicines, and before the introduction of opium into China, the inhabitants of that country were much addicted to intoxicating drinks, the effects of which were far more pernicious. Sir John Bowring even went so far as to say that “the introduction of opium has undoubtedly produced a moral change among the Chinese people,” by withdrawing them from the greater evils of alcoholic intemperance. He declares that “he had scarcely ever seen a drunken Chinaman; yet the edicts of the Emperors a hundred years ago were filled with all sorts of threats and punishments, in consequence of the numerous crimes arising from intemperance.” It is just a hundred years since the East India Company commenced its reign in India, and since the traffic in opium with China began. So far from the use of opium being accompanied with the immense evils which have been ascribed to it, “the truth is, that while almost every Chinaman consumes it, to a greater or less extent, the number (obtained from carefully collected statistics) of deaths from its abuse amounts to not more than four per annum, out of 90,000.”

Certainly this opinion differs wholly from that entertained by the great majority of thinking people who have looked into the subject, and when we consider of how much importance to Great Britain is the opium trade (for the value of the opium exported last year from India to China was £8,241,032, or nearly forty million dollars), it should be received with some reserve. The injurious effects of opium when taken in excess are unquestionable, and it seems reasonable to suppose that even when taken in moderate amount, if habitually indulged in, it cannot fail to prove pernicious, both to the body and the mind. In one respect, the effects of intoxication from opium are perhaps more favorable than of that from alcohol—they are passive, while those of the

latter stimulant are active. The opium-eater does not manifest the destructive propensities of the spirit-drinker: he becomes incapable of continued corporal or mental effort, he sinks into a miserable lethargy, but he has no disposition to do violence to those about him. But though the effects of the habitual use of opium are less violent than those of alcoholic intoxication, we believe they are none the less deleterious to the individual, or less dangerous to the nation. The two drugs, when taken to excess, produce the same moral degradation, and an equal, if not similar, physical degeneration. If England wishes to institute moral reformation in China, there are much better ways of doing it than by supplying the inhabitants with opium. If any substitute be thought advisable for intoxicating drinks, cheap wines are infinitely preferable to narcotics. Drunkenness is as rare in Spain and Italy as it is in China, but neither the Spaniards nor the Italians are opium-eaters.

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THE HARTFORD BAYONET-WOUND CASE.—We had intended to say nothing further in regard to the case of bayonet-wound at Hartford; but having, at the suggestion of friends who have taken no part in the controversy, reviewed all which we have published concerning it, we feel bound to express our regret that we should have admitted to our pages, and allowed ourselves to comment on a report not prepared by an eye-witness, and having so strong a savor of personality.

We regret also, if our remarks on summing up the evidence, after publishing the reply to the original article, have seemed to do injustice to the gentlemen having principal charge of the case: for, without implicating the veracity of either party in the controversy, yet, where one or the other evidently must have been mistaken, the requirements of medical ethics would plainly oblige us to respect the judgment and opinions of the physicians in regular attendance; even though the facts might seem, to one less intimately associated with the case, to warrant a different interpretation.

We believe both parties have prepared additional statements of their own views of the case: but in our judgment enough has been inserted in our pages to enable readers to form their opinion, and we deem it better to rest the discussion at this point, rather than to have it indefinitely prolonged.

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MEDICAL SCHOOL OF MAINE. *Messrs. Editors.*—In the number of your JOURNAL for October 13, which was placed in my hands last evening, I find an article signed "Hinfeland," which seems to require a passing notice. He arraigns before the public the Trustees of Bowdoin College as having done violence to "the unanimous feeling and sentiment of the medical profession" of Maine, by accepting a grant from the Legislature of a half township of timber land!

Why this should be regarded as such a heinous offence, he does not in terms inform us. But he goes on to argue that pupils in medicine ought to be required to study with a "regular" practitioner, leaving it to be inferred, by necessary implication, that, in consequence of their acceptance of said grant, no such requirement is now, or can hereafter be made by the Medical Faculty of Bowdoin College. I find, however, by referring to their Annual Announcement for 1860, sent me some time since, that they continue to say as heretofore, "*The candidates must have devoted three years to their professional stu-*

dies under the direction of a REGULAR practitioner of medicine," and seem utterly unconscious, poor simple souls, that they are violating a law of the State! What astounding ignorance.

Will not "Hufeland" take compassion on these benighted people, and inform them, ere it be too late, that, according to the most approved lexicographers, "*where*" has no reference whatever to *place*, but applies wholly to *persons*? And will he not, too, furnish them a revised and corrected list of the professors and lecturers employed there? Very probably not one half of them were aware, previous to the appearance of "Hufeland's" article, that they had a Mr. "Chadwick" among them.

MEDICUS.

November 15, 1859.

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DEATH OF DR. PERRY.—We are pained to record the death of Dr. MARSHALL S. PERRY, of this city, which took place at his residence in Chauncy Street, at midnight, of the 18th inst., after a long and suffering illness. Dr. Perry for many years enjoyed one of the largest practices in Boston, and his death will be deeply lamented by a large circle of relatives and friends, as well as by his numerous patients. He was a native of Barre, Mass., and was about 54 years of age. His wife, who was a daughter of Dr. Stimson, of Dedham, died about two years since. A meeting of the Suffolk District Society was held to take suitable notice of the event, as will be seen below.

At a special meeting of the Suffolk District Medical Society, holden November 21, at 12, M., the following resolutions, prepared by Dr. John Ware, were unanimously adopted:—

The Fellows of the Massachusetts Medical Society for the District of Suffolk, having been informed of the death of their late associate, Dr. Marshall S. Perry, are desirous of recording a united expression of their regret for his loss, and of respect for his memory.

*Resolved*, therefore, that in the death of Dr. Perry, the medical profession has sustained the loss of one of its most eminent and valued members; a man esteemed alike for his qualifications as a physician, and for his honorable deportment in professional intercourse.

We have witnessed in the life of Dr. Perry a remarkable and instructive example of a distinguished position attained—in spite of many early obstacles—as the reward of his unwearied industry, his unflinching perseverance, and the conscientious devotion of his whole powers to the duties in which he was engaged.

We have recognized in him a happy union of those moral, intellectual and personal qualities which are necessary to the character of a good physician; qualities which inspire at once respect, confidence and affection, and which have secured to him an amount of public esteem and personal regard which few are permitted to enjoy.

We tender to his afflicted family, and to the large circle of families who looked to him with so just a reliance as their friend and adviser, this expression of our appreciation of his character, and of our cordial sympathy with them in the loss they have sustained.

A. A. GOULD, M.D., *President*.      C. D. HOMANS, M.D., *Secretary*.

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HEALTH OF THE CITY.—Of the 69 deaths last week, 31 were of males and 38 females; 27 being of subjects under 5 years of age, 9 between 5 and 20, 13 between 20 and 40, 12 between 40 and 60, and 8 above 60. The deaths by con-

sumption were of 6 males and 11 females; by smallpox, 3 males (aged 8, 9 and 22 months) and 1 female of 50 years. There were 3 deaths by cancer, all of females, 2 being of the uterus and 1 of the breast. The deaths by "unknown diseases" were all females, aged 4 and 10 months, and 6 and 35 years. The number of deaths for the corresponding week of 1858 was 72, of which 16 were from consumption, 8 from pneumonia, 3 from casualties, 4 unknown, 0 from smallpox and 0 from cancer.

**THE NURSERY AND CHILD'S HOSPITAL.**—This praiseworthy institution, we are solicited to state, is in most pressing need of funds. At no time since its commencement has it been more needed as a city charity. In the five years of its existence nearly 1,000 women and 2,000 children have been received. A large building, costing \$35,000, has been erected and paid for. But a debt has been incurred for current expenses, which must be paid at once, and provisions and fuel supplied for the coming winter. The Lady Managers appeal for aid to the public in the name of those young, helpless and speechless sufferers confided to their care. Donations or subscriptions will be most gratefully received by either of the managers, or at the office of Cornelius Du Bois, Esq., No. 37 Water Street.—*New York Times*.

**NEW YORK COUNTY MEDICAL SOCIETY.**—At the annual meeting of the members of the New York County Medical Society, the following gentlemen were elected officers for the ensuing year: *President*, Dr. Oliver White; *Vice President*, Dr. H. D. Bulkley; *Corresponding Secretary*, Dr. S. A. Purdy; *Recording Secretary*, Dr. H. S. Downes; *Censors*, Drs. Hubbard, Finnell, J. O. Smith, Woodward, Underhill.—*Ibid*.

**NEW DISCOVERY.**—Mr. R. Smith, chemist, of Blackford, has of late discovered a process for converting the brown sugar of lead into the white acetate of lead. The process is said to be easily managed, and it may be anticipated that this process will be of great advantage to manufacturers, calico-printers, and others. Nor is this all. There are two new compounds formed during the process of great interest. The one is a beautiful scarlet-colored pigment, and the other is a yellow. These colors are well adapted for all kinds of oil painting, water coloring, and paper painting. We have had an opportunity of seeing the colors, and in our opinion they are very fine. The scarlet is equal to vermilion, while the price of it will not exceed the one-third of that substance.—*Stirling (Scot.) Journal*.

Sir JAMES CLARKE, the eminent London physician, has just retired from his office of personal physician in daily attendance on the Queen. He has had charge of the health of the Queen for twenty-seven years, since her girlhood. Advanced age and ill-health are the reasons for the retirement.

THE assertion, copied into this JOURNAL a few weeks since, respecting the entire non-use of mercury by Mr. Syme, of Edinburgh, is contradicted in a late number of the *Lancet*.

**PHYSICIANS' ACCOUNT BOOK.**—As every practising physician finds it necessary to make use of some kind of Account Book, and as the present is the season of the year when one is most frequently wanted, we refer the reader to the advertisement of a very convenient kind, which has for several years past been kept on sale at the Journal Office, and has met with very general approval among the many who have used it.

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MARRIED,—At Cambridge, Dr. J. W. Bemis, of Charlestown, to Miss Lucy C. Wyeth, of Cambridge.

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**Deaths in Boston** for the week ending Saturday noon, November 19th, 63. Males, 31—Females, 23.—Accident, 4—Inflammation of the brain, 2—disease of the brain, 1—cancer, 3—consumption, 17—convulsions, 1—cholera infantum, 1—croup, 4—dropsy, 2—dropsy in the head, 3—infantile disease, 1—puerperal disease, 1—scarlet fever, 1—typhoid fever, 2—disease of the heart, 2—Inflammation of the lungs, 6—marasmus, 1—palsy, 2—sciatica, 1—disease of the spine, 1—smallpox, 4—sore throat, 2—syphilis, 1—retention of urine, 1—unknown, 4—whooping cough, 1.

Under 5 years, 27—between 5 and 20 years, 9—between 20 and 40 years, 13—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 47—Ireland, 18—other places, 4.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## OVARIAN TUMOR SIMULATING PREGNANCY.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY W. C. B. FIFIELD, M.D., WEYMOUTH.

THE subject that I bring before the Society is a hackneyed one; the case I relate perhaps not singular; yet I hope the narration of the one, and the consideration of the other, in regard to points of diagnosis, may not be wholly devoid of interest to the members.

Mrs. J., of Hanover, Mass., æt. 24 years, mother of one child, in April last perceived a deterioration of her general health. In May, she felt certain that she was pregnant. Vomiting came on, but ceased toward the last of that month for a fortnight, recommenced about the 8th or 10th of June, continued off and on through the month, again ceased so that she was able to ride out, recommenced toward the last of July, and continued without cessation day or night until the 28th of October. The vomiting was not more marked at one period of the day than another. The patient was confined to the bed most of the time. All food and stimulants were rejected, except molasses and water. The remedies best borne were calomel and occasional effervescing draughts. The menstrual periods were regularly observed until September. Sometimes the discharge was very scanty, a mere show, and was not regarded by the patient as militating against the fact of pregnancy. Occasional pains were complained of in the back and abdomen every third or sixth day for some months. Thirst was not urgent. No tendency to œdema of the lower extremities. Mrs. J. increased so rapidly in size that at the end of the fifth month, she was much larger than a woman commonly is at the ninth month. No motion had been felt. Urine was freely passed, but was rather scanty. Dyspnœa was not marked, spite of the great size of the abdomen. In the latter part of the month of October, I met Dr. Underwood, of East Abington, the attending physician, in regard to Mrs. J.'s case.

On entering the room, I found the patient in bed, moaning at in-

tervals like a woman in labor, her mother sitting on the bed supporting her back, adding still more to the resemblance. On my inquiring how long she had suffered these pains, she said for three or four days, but that she had mitigated their severity by morphine. She referred them to the left side and back. On external examination, Mrs. J. seemed very much emaciated, the arms and lower limbs very thin indeed, and without the least trace of œdema. The abdomen very large, with shining skin, but no enlarged veins noticed. The umbilicus not protruding. The tumefaction of the belly reached fully to the ensiform cartilage; fluctuation very evident. The form of the belly was completely that of pregnancy. On internal examination, the cervix uteri appeared in a normal condition, the os uteri directed backward. Placing the forefinger of one hand at the roof the vagina, and striking the belly with the other, fluctuation was distinctly recognized. Directly below the pubis a hard body was felt. On examination by the rectum, no trace of the uterus could be found; it would have been readily perceived had the uterus been in a normal state and situation. A catheter was easily passed into the bladder—very little urine. No hardness or irregularity to be felt in the abdomen. Upon auscultation with a Camman's stethoscope, no placental souffle could be heard, but I *thought* I heard the foetal heart at the right side.

From these facts the diagnosis was to be made. 1st. Was it dropsy—simple ascites? In opposition to this was, 1st, the form of the belly, which was flattened at the sides, the reverse being true in dropsy. 2dly, The absence of œdema of the legs. This is, according to Cazeaux, a strong point in diagnosis. 3dly, The fluctuation, although decidedly present, gave me the idea of but a small quantity of liquid being contained in the cavity of the peritoneum. 4thly, The state of the umbilicus. This was not protruded, and especially not thinned, as should be the case in simple ascites. 5thly, The finger, thrust suddenly into the umbilicus, came down upon a solid tumor, like the fundus of the uterus. 6thly, The absence of thirst. Was it a uterine or ovarian tumor? The brief time for such a growth, at once forbade the idea of a uterine tumor; the same argument seemed to me to apply to an ovarian disease. The presence and persistence of vomiting was not, in my own mind, in accordance with the presence of a cyst, and no irregularity or hardness was present to give weight to the idea.

Was it pregnancy? Opposed to this was the state of the os and cervix uteri, the absence of the placental souffle, and also the absence of motion. In favor of pregnancy was, 1st, The belief of the patient herself. 2d, The evident presence of a tumor having the form of the gravid uterus. 3d, The impossibility of detecting the uterus by a rectal examination; it might be presumed by the fundus having risen and become expanded. 4th, The supposed sound of the foetal heart—the absence or presence of the placental souffle being no argument for or against. Motion was absent,

it is true, but motion is not always felt in pregnancy, even when the fœtus is born alive. 5th, The presence and continuance of vomiting. 6th, The pains felt by the patient. Looking at all these facts, the impression on my own mind was that pregnancy existed, but that an enormous quantity of liquid was contained within the uterus. In a word, I supposed it might be a case of dropsy of the amnion. It was agreed to decide the question by the use of the uterine sound. Simpson's sound was obtained; but, the patient being placed on her back, by no effort or management could it be passed beyond the os uteri.

It was now determined to seek another opinion, and, on the 28th of October, Dr. Walter Channing saw the case with us. Dr. C. first directed his attention to auscultation of the abdomen, but heard only the beating of the aorta. In reply to a question put by Dr. C., the patient said the pains she felt were like labor pains. Placing the patient on her left side, close to the edge of the bed, Dr. C. made a vaginal examination, and at once noticed the hard body directly beneath the pubis, questioning whether it was the bladder. From the direction of the os uteri, he thought it very doubtful if a Simpson's sound would pass, but, selecting a Valleix's sound, thin and flat, and, carrying the handle very far back toward the rectum, he passed it to the fundus of the uterus, the latter being of the usual depth. The uterus was in a complete state of anteversion, the sound lying almost horizontally. The body beneath the pubis was the fundus of the uterus. The patient was now turned upon the right side, and a large trocar passed through the linea alba. A gummy fluid came slowly through the canula; a sound was then passed into the canula, when masses resembling soft soap passed slowly out, and all exclaimed, an ovarian cyst!—unilocular. Very slowly about eight quarts of liquid were withdrawn.

After tapping: 1st day, she was very comfortable, felt well. Appetite returned. 2d day, remained comfortable. 3d day, vomiting re-commenced. No appetite. A little tenderness over the bowels. Pulse 100, and small. 4th day, countenance altered—anxious. Vomiting continued until Saturday, the 12th of November, when she died without a struggle. Fluid began to be noticed in the sac on the fourth day after tapping, and at the time of death appeared to be in as large quantity as when paracentesis was performed. No autopsy was permitted, although strenuously urged.

The use of a Valleix sound by Dr. Channing at once settled the question of pregnancy. The passage of the trocar decided the disease to be ovarian dropsy. The opinion given by myself that the case was not one of ordinary ascites, and that the quantity of liquid within the peritoneum was very small, but that the bulk of the liquid was within the tumor, uterus or sac, was justified by the tapping.

The sources of error were these:—1st, I had no knowledge of an ovarian tumor acquiring so large a size in so short a time, viz., five months. I now find that Robert Lee, in his work on Ovarian and Uterine Diseases, gives three cases, his 49th, 121st, and 127th, where the cyst obtained a sufficient size to render tapping necessary, the first in six months, the second in seven months, and the third in eight months.

The second source of error, was from not finding the uterus by a rectal examination. I was not aware that ovarian disease ever produced so great a degree of anteversion as was present in this case. I find no allusion to its having existed in so marked a degree in Lee's works. The only work which I have found to contain a word in regard to it, is Simpson's volume, page 199. In his diagnosis of retroversion from ovarian tumors, he says:—"When the ovary enlarges from multilocular degeneration or other causes, it almost always first grows downward into the space lying between the back wall of the uterus and the anterior wall of the rectum. In its enlargement it almost invariably pushes the uterus anteriorly and before it, and this relative position of the uterus to ovarian tumors is often an important matter in the uterine diagnosis of ovarian disease in its latter and more advanced stages." But the author obscures the whole by saying in the same breath, "the os uteri is generally displaced forward," and that "the uterine bougie shows the uterus in its normal position." Dr. Simpson further adds, that "if positive evidence is required, we may obtain it by a fine exploring needle." We will presently see the opinion of Dr. Lee on this point.

3d, It may be said that in this case the state of the cervix uteri was enough to show that pregnancy did not exist. Dr. Lee thinks that too much dependence should not be placed on this sign. In his 112th and 154th cases, he states that the cervix was obliterated, as in pregnancy, and in the 168th could not be felt.

4th, It was supposed that the foetal heart was heard. This was a grave error, and arose partly from want of practice and partly from the use of the double stethoscope, which gives the sounds of the aorta, the iliacs, and possibly other vessels with too great clearness. It has been stated that the placental souffle was not heard; had it been, it would not, according to Dr. Simpson, have been a complete proof of pregnancy, for he considers the existence of a souffle to be a grand point of distinction between ovarian disease and fibrous tumors, being heard in the latter when large, but never in the former.

5th, The exceeding and long-continued nausea and vomiting was a source of error. But I find in Dr. Lee's work that vomiting was present in his 1st, 6th, 36th, 38th, 90th, 96th, 120th, and 144th cases. In the 90th case, he says that there was vomiting every morning on rising. In the 120th, it was incessant. In the 144th case, morning sickness. In one case, 32d, there was milk in the

breasts. Concerning the protrusion of the umbilicus, Dr. Lee says that it is always protruded. I do not think it is, unless the distension is very great or ascites complicates it. Dr. Lee declares that in the diagnosis between ovarian disease and pregnancy, nothing in regard to the protrusion of the umbilicus is of service. With all humility, I think there is a difference. When the protrusion occurs in ovarian disease, it depends mostly on ascites, and then the umbilicus is thinner than in pregnancy. In ovarian disease, the sac is more distinctly felt through the umbilicus than it can be through the walls of the abdomen.

*Conclusions.*—In ovarian disease, the unimpregnated uterus may be retroverted, anteverted, or flexed in any direction, according to the weight of the mass, and the direction in which it is pushing. The state of the os and cervix uteri is no sure criterion, as the cervix may be obliterated, and the os soft and open. The fact of the foetal heart not being heard, does not render it certain that pregnancy does not exist. The placental souffle may be heard in cases of fibrous tumors, as well as in pregnancy. Ballottement may be felt, and yet the case be one of ovarian disease, as proved by Dr. Storer's case, recently published. Morning sickness and persistent vomiting occur in ovarian disease as well as in pregnancy. The state of the breasts affords no unfailing guide. We have seen that milk has been secreted in ovarian disease. With the exception of motion felt by the *observer*, (for in Lee's 1st and 18th cases, motion was distinctly felt by the patient, although ovarian disease and not pregnancy existed,) and the foetal heart distinctly heard, there seems, in cases of unilocular cysts, and also in cases of more than one tumor, no means of diagnosis as certain and satisfactory as the use of the uterine sound. It might be objected that if pregnancy exist we should bring on abortion. To this it is replied that the period when the distinction is required to be made, is when the distention of the abdomen has become excessive, or other symptoms are equally urgent, and in such cases the production of labor, supposing pregnancy to exist, would be the most powerful remedial measure we could employ, and one perfectly justifiable. And yet Dr. Lee thus speaks of the use of the uterine sound:—"I have seen this useless and dangerous weapon on various occasions employed by those who are accustomed to its frequent use, and I never, in a single instance, observed any information derived from it, and on several occasions it has led to the commission of gross errors." No doubt in inexperienced and reckless hands it is a "dangerous weapon," and ought to be employed only by conscientious persons and those thoroughly acquainted with the anatomy of the parts.

Dr. S. L. Abbot, of Boston, has suggested that the gum-elastic bougie might sometimes advantageously supply the place of the metallic instrument. In regard to the use of the exploring needle, mentioned by Dr. Simpson as a means of diagnosis, I give an

abstract of two cases narrated by Dr. Lee, in which this instrument was used with fatal effect.

CASE CXII.—“Mrs. ———, aged 36, has had several miscarriages. Not pregnant during the last six years. Menses regular. On examination, I found the uterus, the size of a small melon, harder than natural, cervix obliterated, orifice flat, lips smooth.” Dr. Lee suspected the presence of one or more fibrous tumors embedded within the posterior walls of the uterus. Two other practitioners gave the same opinion. A third thought it an ovarian tumor adhering to the body of the uterus. All recommended the greatest quiet. “The tumor, at the end of many months had not increased, and was the source of little inconvenience. She was persuaded to seek the opinion of a fifth practitioner, who resided at a considerable distance from London, and who professed to possess a profound knowledge of uterine pathology and diagnostics. After using the *uterine poker*, and dislocating the uterus, as it was termed, while she was insensible, he gave the opinion that the enlargement was produced by a fibrous tumor, within the cavity of the uterus, or near the lining membrane. Violent and long-continued efforts were then made to dilate the os and cervix uteri, with sponge tents, while she was in a state of insensibility. When the dilatation had been effected, it was found that there was no tumor within the cavity of the uterus to remove. A long slender trochar was then thrust through the posterior wall of the vagina or neck of the uterus, in the direction of the tumor, while she was stupefied with chloroform. This was represented to be a harmless and justifiable proceeding, and one which he had often had recourse to. A few drops of bloody fluid escaped through the canula, and then the diagnosis was rendered perfect: it was declared to be an ovarian, and not an uterine tumor. The lady speedily died from peritonitis. No inquest was held, and no history of the case has hitherto been published.”

In his Tenth case, under the head of Uterine Polypi, he says:—“The grooved needle perforated the anterior wall of the vagina, then passed on, between the neck of the uterus and bladder, to the body of the organ where the tumor was situated, and afterward traversed the anterior wall of the uterus.” Death resulted.

*Errors of Diagnosis.*—It is said that on one occasion Mr. John Hunter tapped the urinary bladder, thinking it an ovarian cyst. In 1823, J. Lizars, Esq., of Edinburgh, made a long incision for the removal of an ovarian cyst. No cyst was found—the enlargement was produced by obesity and distention of the intestines. In 1829, an English surgeon made an incision six inches long, for the same purpose. It was then discovered that there was no tumor, but only flatulence and fat.

## CASE OF REMOVAL OF HALF OF THE LOWER JAW.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY J. MASON WARREN, M.D.

JAMES W., 56 years of age, applied to me in the early part of September, 1859, for a tumor about the size of a hen's egg, occupying the angle and horizontal part of the right side of the lower jaw. The disease had commenced twelve years previously, with a numbness in the jaw, followed by swelling; it went on gradually for two or three years, during which the three posterior teeth were removed. About three years since, the pain became excessive, when an opening was made into it with a lancet, and a discharge of fluid took place, attended with considerable relief.

When he presented himself, the outlines of the jaw had disappeared, and the place was occupied by a smooth, round, shell-like tumor, which extended from the canine tooth backward, rising a little upon the ramus of the jaw. The tumor projected inward, pressing upon the tongue, lifting up the palate, and obstructing about one third of the aperture of the posterior fauces. The health of the patient was pretty good, and the principal inconvenience given to him by the tumor arose from the obstruction to deglutition, and the affection of the voice; it was also the seat of more or less uneasiness. The disease thus far did not seem to have broken out, and invaded the soft parts.

There appeared, therefore, to be no question as to the propriety of its removal by operation; the only doubt was, whether to remove the jaw at the articulation, or saw off the bone just below. As it was doubtful, however, whether the disease might not extend out of sight nearly up to the articulation, as it appeared to do on looking at it from within the mouth, added to the advice given by some distinguished surgeons, that it is always better to remove the bone at the articulation, on account of the remaining portion being dragged forward by the temporal and pterygoid muscles, thus causing much irritation in the flesh, I decided on the following method of procedure, although I should not put much weight in the latter objection, not having found it to hold good in practice, and there being always more or less danger, in disarticulating the bone, of dividing the facial nerve and producing paralysis of the face. I was therefore principally governed by the apparent extent of the disease.

The patient being fully etherized, an incision was made through the skin, commencing just in front of the articulation and half an inch below the zygoma, which was carried with a semi-circular sweep backward round over the tumor, skimming lightly over the facial artery, and terminating upon the chin, about an inch and a half from the lip, opposite the second incisor tooth. The flap was now partially dissected up, and the facial artery cut and tied, in

the way I had proposed before the operation. The dissection was then commenced more freely, when the facial artery, which had been lifted near its origin by the tumor, was cut again, although the incisions were not carried any further below than previously. The blood at once spouted out with such force as to completely fill my eyes, and obscure the operation. I mention this fact to show, how the best concerted plan may be frustrated by the anatomical displacement of the parts induced by the growth of tumors in their neighborhood. Although the flow of blood was arrested at once, the patient became quite faint, and was obliged to be placed in the horizontal position for a few moments, which is also worth adverting to, as so rarely occurring in the course of surgical operations where the patient is kept up by the stimulus of the ether, and which probably, previous to its introduction, as often occurred from the exhaustion of the system by pain as from the loss of blood. A tooth being removed, the jaw was partially sawn through with a small saw, and the section completed by the cutting forceps. Hitherto no blood had entered the patient's mouth, notwithstanding the profound state of etherization. The tumor was now dissected away from the tongue and soft palate, and being seized by the left hand was depressed, so as to allow the attachment of the temporal muscle to the coronoid process to be cut away with the scissors. The disarticulation was completed by cutting into the articulation from the inside with a knife, care being taken to keep close to the bone and not wound the internal maxillary artery. The only vessel of any size requiring ligature was the inferior maxillary.

The wound was allowed to drain for two or three hours, when it was closed by six or eight points of suture. The patient had scarcely a bad symptom, and the wound was almost entirely healed at the end of a couple of weeks, when he left town.

On making a section of the tumor with the saw, the jaw was found expanded into a shell, the contents being a soft grey matter.

It may be worth mentioning, that in depressing the jaw for disarticulation, although done with great care, the ramus partly gave way in the tumor, against which occurrence, a caution is given in some works on surgery. The facial nerve, and so far as could be ascertained, the parotid duct, seemed to have escaped the incisions, the dissection for the disarticulation of the bone being made, after the tumor was sufficiently free, as far as possible from the inside.



## PUNCTURES IN ANASARCA AND ASCITES.

BY EDWARD JENNER CÔXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—In a former communication to your pages I detailed the particulars of the benefit resulting from a few punctures in the legs, with a lancet, in a case of ascites and anasarca, developed during the progress of a case of confirmed phthisis, attended by unusually severe symptoms, and, contrary to any reasonable ground of hope, terminating in recovery, which has continued. During the past two years, in the wards of the Charity Hospital under my charge, several cases of anasarca and ascites, of different degrees of severity, and resulting from different diseases, have presented themselves, in all of which, by means of a few punctures, all of the fluid has been discharged, gradually, but continuously, without in one instance the occurrence of any unpleasant symptom, and to the clearly felt and expressed comfort of the patient. Not knowing whether this trivial operation—for such an object—is of common occurrence, but judging it is not, from not seeing it noticed in the journals I take, it is fair to presume that these remarks may prove neither uninteresting nor practically valueless. In most of the cases of consumption in which one or both of these conditions existed, my object was, not to indulge the vain hope of an impossible recovery, but to afford that relief which even in desperate cases can be procured, with which, in the treatment of consumption, all must know that our profession is unfortunately forced to be satisfied with. The more general diffusion of the possibility of affording relief in cases where recovery dare not be expected, may possibly be the means of benefiting others similarly situated. There are cases, however, of anasarca, the result of other diseases, in which the relief from so great an evil does give additional power to the recuperative efforts of nature, and the conjoined medicinal treatment, in the efforts to effect a cure.

In a recent case of consumption, presenting all the physical signs and constitutional symptoms clearly marked, and precluding any rational hope of more than palliation, the legs and part of the thighs were so largely increased in size as to prevent the patient getting out of bed to take exercise, which, as far as possible, I encourage or insist on. In this case two small punctures in each leg, and one on the side of each foot, so entirely evacuated, in the course of a week, all of the fluid, that he was enabled to move about a little, and, as he said, to feel more comfortable.

Another case, of an entirely different character, occurred recently in a boy of 8 years, brought into Ward 32, apparently for the sole purpose of dying, it being at once predicted that he could not recover. When brought in, he was perfectly ex-sanguious.

pulse scarcely perceptible, the skin cool, of a dirty-white color, and the lips of a death-like hue. Without fatiguing with a detail of the course pursued, I will merely state that several warm salt water baths, mild remedies to correct derangement of the bowels, wine whey, milk punch, and such tonics as I supposed adapted to the case, were given, and three times daily gentle friction of the whole body and limbs, with the following: a drachm and a half of quinine, a small quantity of diluted sulphuric acid, three ounces of cod-liver oil, one ounce of camphorated oil, and half an ounce of laudanum. The boy improved, to the point of being able to take and digest more nourishment, and also to bear well small doses of the syrup of iodide of iron, syrup of tolu, and iodide of potash. When admitted, there were slight evidences of ascites and anasarca, which slowly increased, and at last became very large, the scrotum being about half the size of his head, and perfectly diaphanous. So painful was one leg, that I was forced to use a strong preparation of the extract of belladonna and sweet oil with which to bathe the part, and also to have it enveloped in rags soaked in it. At last I decided on making *one* puncture with a lancet on the side of one foot, and one on the same leg about two inches above the ankle. The fluid at once began to flow, and continued to do so slowly for about a week, when almost every particle of fluid was discharged, and the scrotum had become as flaccid as a rag. There was no question of the benefit received, there was no appearance of an increased prostration of strength in consequence of the loss of the fluid, and yet, in spite of every exertion and good nursing, he died on the 4th of November, having entered the 26th of September.

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#### MALIGNANT PUSTULE.

[Communicated for the Boston Medical and Surgical Journal.]

F. C., a healthy and robust youth, a farmer by occupation, 19 yrs. old, on Thursday, Sept. 29th, noticed on the left side of his upper lip, a small pimple. The lip soon began to swell, and became red. No pain, but a feeling of numbness was complained of. The following Monday he consulted a physician, who, regarding it as only a boil, prescribed accordingly. The patient grew worse so rapidly next day, that Dr. Boutelle of this place was called in consultation. Struck with the unusual appearance which the disease presented, he desired me to see the patient with him.

At this stage, the lip was very much indurated around where the pimple or pustule had first appeared, and it was swollen to more than double its natural thickness. In the centre there was a considerable depression, as if it had been scooped out, covered over with a very dark-looking scab, from beneath which there issued a thin, ichorous discharge. Encircling it, and upon an indu-

rated margin, was seen a continuous and complete chain of small vesicles, filled with a thin, transparent fluid. The lymphatic vessels on that side of the face appeared extensively involved in the inflammation. The swelling had extended upward, entirely closing the left eye, and embracing the parotidean and submaxillary regions. The tongue was heavily coated, the pulse more than 100 in the minute, and not strong.

We were unanimous in pronouncing it a malignant pustule.

The treatment which was at once instituted, consisted in making a crucial incision through the indurated and central portion, and thoroughly canterizing it with an iron heated to a white heat. The side of the face was covered with a blister, followed by an emollient poultice. A purge of calomel with bi-carbonate of soda was given. The next day, the patient was put upon the sulphate of quinine, one grain every three hours, and beef-tea occasionally. This treatment was continued. On the fourth or fifth day the patient was considered convalescent, and the visits were discontinued.

It may be well to mention that the family of the patient had a cow affected with some filthy and wasting disease, running at the nose, and abscesses about the neck and throat. They were obliged to kill her in the early part of September.

Waterville, Me., Nov. 1, 1859.

J. F. NOYES.

## TWO CASES OF UNUSUAL DISCHARGE OF CARBONACEOUS MATTER FROM THE NARES AND INTESTINES.

BY M. BROKE GALLWEY, ESQ., ROYAL ARTILLERY.

THE profession is indebted to Dr. Druitt for an able and very practical paper, introduced to its notice in a contemporary journal, on a Morbid Condition of the Nasal Passages; which, while it is a source of great uneasiness, on moral grounds, to the patient, is not unfrequently the occasion of much embarrassment to the physician. There are but few practitioners of any experience who have not been consulted on such cases; and, in the higher walks of life, a young aspirant for favor, consulted for the first time by a refined and fastidious patient, *might* make or mar his fortune, in proportion as he succeeded or failed in his recognition and management of such a case. The first time I encountered ozena myself was in the person of the butler of a capricious but sharp-witted old lady, to whom her favorite domestic had become a personal inconvenience from the ailment in question, and who pressed me very hard for a categorical explanation of the *fons et origo mali* in this case. Having but very lately escaped from the schools, and being but an indifferent match, as a tactician, for my subtle inquisitor, I unluckily winced, if, indeed, I did not ingenuously admit my ignorance of the case, and fell in consequence fifty per

cent. in the eyes of my tormentor. I say, then, that Dr. Druitt has done good service to medicine and to his junior brethren by his seasonable exposition of a tiresome and embarrassing complaint. I avail myself of the occasion to put on record, very briefly, the details, not of a case in point, but of a remarkable discharge from the nostrils, which lately fell under my notice, and which to myself is as unique as it is anomalous in its nature.

A married lady, having occasion suddenly to use her pocket-handkerchief, discovered the latter to have become the recipient, from both nostrils, of a quantity of dry and intensely black powder, as exactly resembling soot (the term she applied to it herself), or finely levigated charcoal, as any two distinct substances could well resemble each other. This discharge was unprecedented and unattended by coughing, pain, uneasiness, or by any other physical indication of the presence of foreign matter in the nose or throat. *De plus*, it appeared to come from the part, and not from a distance; certainly not from the lungs or bronchial glands, being unpreceded by cough. Moreover, it was not only not suspended in the nasal secretion, but, on the contrary, was deposited on the handkerchief as a dry carbonaceous powder. This curious state of things had presented itself on five several occasions in the course of nine months, and at different periods of the day and night. The subject of it had not been using charcoal as a dentifrice, nor exposed to the fumes of that substance in any way; indeed, on each occasion it occurred in the summer months, and when removed from the influence of fires of every kind. Will Dr. Druitt, or any other physiologist, enlighten us with the rationale of this occurrence? My patient has, from time to time, been much troubled with *aene punctata* on the external nares, as well as on the back and shoulders. Her temperament is one in which nerve preponderates largely over blood; her age, between thirty-five and forty. Is it possible for the system to disembarrass itself of carbon in excess in a solid form, and by such anomalous outlets as the nose; the mucous membrane, in this direction, becoming vicarious to the ordinary channels that discharge this element from the body?

Although not falling legitimately within the same category of morbid changes, I shall avail myself of the opportunity also to record a case of deposit of a sooty discharge from the vessels of another mucous membrane, at a considerable distance from the foregoing. I had administered but a single three-grain dose of the ammoniated citrate of iron to a married lady, aged about forty-five, when I was summoned, the morning after, in great alarm, to account for a sudden and enormous discharge from the bowels of what she described to me as soot, and which she had preserved for my inspection. On examining the vessel into which it had been passed, I was not a little surprised to find its interior besmeared throughout with what exactly resembled soot to the eye,

a quantity of the same being suspended in a watery alvine evacuation with which it had come away; the patient having been for some time under my hands for diarrhoea, connected with an atonic state of the chylopoietic functions, and, I may say, of the general system at large. The influence of iron in blackening the stools being so very different, in general, from that exercised in the present case, and operating only, in my own experience, after an interval of some days, I did not at first suspect this medicine of being chargeable with the results before me—the less so, when I reflected upon the insignificance of the quantity my patient had taken (a single dose)—and accordingly desired her to persist in the use of the remedy; with the result, however, of augmented discharges of the same material. She then abandoned the medicine, and the sooty dejection began to disappear, although not until after an interval of two or three days subsequent to its disuse. Has this singular effect of iron been witnessed before? and is it peculiar to the form in which I prescribed it? For twenty years I have prescribed the remedy pretty largely, but never with similar results before, or indeed with any other than a general blackening of the intestinal excreta. In the present case, the carbonaceous deposit diffused itself throughout the sides and bottom of the containing vessel, and was suspended on the surface of its contents, rather than intermixed with the body of the latter.

Although selecting ozena as the text for my present paper, I shall venture very briefly to introduce another subject into it—not to trespass unnecessarily upon the crowded pages of *The Lancet* with a second contribution.

While penning the foregoing few observations, the discussion at the Medical Society of London upon some cases of sudden severe pain in the great toe, succeeded immediately afterwards by ecchymosis, more or less extensive, up the corresponding foot, has met my eye in the pages of the periodicals. I desire to add to the cases adduced on that occasion by different speakers, the following, which came under my notice:—

A married lady, of nervous temperament and feeble circulation, while sitting at dinner, on an intensely cold day, observed the back of one of her hands *suddenly* to become discolored over an area of about three inches, the discoloration continuing to extend as she fixed her attention upon the part. Her hand had not sustained any violence, nor was there any departure whatever from her customary state of health beyond the somewhat severe invasion of chilblains upon the feet. The back of her hand presented much the appearance of a severe bruise, save that the bluish-black appearance was not relieved by the usual variegated tinting of that condition. Neither pain nor tenderness preceded, accompanied, or followed it. In a fortnight it had disappeared.—*Lon. Lancet.*

## Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL  
IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

SEPT. 12th.—“*Wakley's Operation*” for *Necrosis of the Astragalus and Os Calcis*. Dr. CABOT showed the bones, which he had removed from the foot and ankle of a man for necrosis, by a modification of the operation proposed by Mr. Wakley, performed in the following manner. The first incision extended from one malleolus to the other, perpendicularly underneath the foot. The second incision, between the same points, was directed obliquely backward, its lowest part being a little in front of the lower extremity of the os calcis. The flap included between these incisions was then dissected away from the inner side, so that the posterior tibial artery was preserved. The tendo-Achillis was next divided, and the os calcis drawn out with forceps, assisted by a few touches of the knife. About an inch of the lower extremity of the fibula, which was diseased, was then removed, and the astragalus was drawn out in the same manner as the os calcis. Lastly, the tibia was shortened, to correspond in length with the fibula.

The peculiarity of the operation, as done by Dr. Cabot, consisted in the preservation of the posterior tibial artery, which Mr. Wakley says must be sacrificed. The external plantar was the only artery of any account that was divided. Both ends were tied, and one other small vessel required a ligature. The patient was doing well.

Nov. 14th.—*Fibrous Tumor of the Uterus*. Dr. MINOR showed a fibrous tumor, of the size and shape of a small hen's egg, the interest of which consisted in the fact that it followed closely another, previously removed from the uterus. The patient was a widow, 35 years of age, who had had uterine hæmorrhage for six months, and at the time of her entrance to the Hospital was so reduced as to be unable to stand without fainting. A tumor of the size of a horse-chestnut was found occupying the lower portion and cervix of the uterus. This was drawn down with hooks, and cut off close to the uterine walls. Ten days afterward, a second tumor was discovered, occupying precisely the situation of the first, but considerably larger, and with a narrower pedicle; this was also removed in the same way. No hæmorrhage of any consequence followed either operation, nor has any occurred since. The two portions had evidently originally been united.

Nov. 14th.—*Disease of the Heart; Hemiplegia and Death from Emboli*. Dr. ELLIS showed a heart from a patient of Dr. G. HAY. She was a girl, 11 years old, who had had acute rheumatism at the age of 2 years, and an occasional recurrence of the disease since that time, and since then cardiac symptoms. She had a loud systolic murmur at the apex, with pain in the region of the heart, palpitation and dyspnoea. Three weeks before death she had a fresh rheumatic attack. Ten days before her death she was suddenly attacked with hemiplegia of the left side, and a short time before death she had a convulsion.

At the autopsy there was found more serum than usual beneath the arachnoid and in the lateral ventricles. In one of the sulci near the superior surface of the left hemisphere, was a small bloodvessel, which contained a minute, reddish, rounded body, resembling the granulations so often met with upon the valves of the heart. The greater

portion of the middle and posterior parts of the right hemisphere was quite soft. This softening was most marked in the corpus striatum and adjacent convolutions upon the lateral and inferior surface. Both of these parts were also of a yellow color, and evidently infiltrated with pus. The two principal branches of the middle cerebral artery were completely obstructed by a soft, blackish, or purulent-looking material, but it did not adhere to the walls, and its general appearance was not such as would be expected in coagula formed within the vessel. A small quantity of cretaceous matter was also found. The vessel, beyond the point of obstruction, appeared empty, and the walls had undergone no change anywhere. Brain in other respects normal.

On examining with a microscope the softened portion of the brain, fragments of cerebral substance were seen, and in the yellow parts corpuscles filled with minute globules (the so-called inflammation corpuscles).

*Heart* larger than usual. Weight, 7 ounces. The hypertrophy was most marked in the walls of the left auricle. The chordæ tendineæ of the anterior segment of the mitral valve were cut off as by ulceration from the fleshy column to which they were attached, and were covered with minute vegetations, which occupied the adjacent portions of the valve, and extended upward into the auricle, where their attachment was so slight that the force of the current of blood would apparently be sufficient to remove them. No cretaceous matter was found, but care was taken not to destroy the vegetations, which may have contained some.

Some fluid in both pleural cavities.

The lungs had a peculiar, dense, somewhat carnified look, but the cut surface was smooth, and did not resemble at all that seen in pneumonia.

Although no cretaceous matter was found in the heart, like that which occupied the cerebral artery, and although it could not be proved that the material filling the vessel was precisely the same as that upon the valve, the history of the case resembles, in every respect, that of others reported in foreign journals, in which the *post-mortem* appearances were essentially the same as those mentioned above. We may therefore assume that the diagnosis made by Dr. Hay before the examination was fully confirmed by it.

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EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.  
BY E. A. CRANE, M.D., SECRETARY.

AUG. 1st, 1859.—*Rupture of the Duodenum.* Dr. ELY reported the following case.

A. B., an American, æt. 50, of a muscular habit, while partially intoxicated, was thrown from a dray. The accident occurred about 2 o'clock, P.M. During the evening, Dr E. saw the patient for the first time. He found a comminuted fracture of the fore-arm. The patient appeared considerably depressed—skin pale and cool, pulse 96, small and weak. He complained of pain in the left lumbar region. No external injury was apparent. Prescribed carb. ammoniæ. Two hours after, he saw him again. Depression more marked—pulse weaker and increased in frequency; he had vomited several times. The man had evidently received some serious injury—its precise na-

ture was obscure. During the night he continued to sink, and died on the following morning.

*Post Mortem.*—No external injuries apparent. Slight tympanitis. On making the section, considerable effusion was found in the abdominal cavity. Pus was detected, mingled with the effused fluids. On raising up the intestines, an opening was found in the duodenum, communicating with the cavity of the abdomen. It was situated near the commencement of the jejunum, and was large enough to admit the extremity of a finger. There was slight ecchymosis on the inner surface of the intestine: on the peritoneal surface there was some roughening and exudation of plastic matter. Indeed, from a similar roughening of the abdominal peritoneum, an attempt to unite the opposing surfaces had apparently been made. The remaining viscera were healthy.

We have since been informed that, a week before the death of this man, he had received a fall, from which he had complained of pain in the left lumbar region. The rent in the duodenum might have been caused by the first accident, an attempt at repair being instituted during the following week, which had proved successful but for the second fall.

Noticing in the JOURNAL of the 13th ult., an article entitled "Case of Suspected Malignant Pustule," we are induced to give the following case, as reported by Dr. COLLINS before the Association at the March meeting.

The patient was a man, æt. 33, vigorous, and of tolerably good habits. On Saturday, a pimple made its appearance on the lower lip, near the right corner of the mouth. The week previous he had a similar pimple on his lip, which had disappeared. During this and the following day, he complained of not feeling well—thought he had taken cold. Sunday evening he had a chill, and passed a restless night. Monday, kept in the house, but, feeling no better, at 1 o'clock sent for Dr. C. Up to this time the local trouble had been so slight as to cause him little uneasiness or concern. Dr. C. found the patient sitting up—his face flushed, skin hot, pulse 100. There was a small yellowish scale on the lip, such as is seen in herpes labialis. Beneath the scale there was a little blueness—not amounting to lividity. Nothing malignant was suspected. Ordered a foot-bath, Dover's powder, with a little James's powder.

Tuesday morning, the swelling had extended considerably. The pustule seemed livid, and the inside of the lip, opposite, blue, fading into a dark red, which covered the whole inner surface of the lower lip. Ordered a poultice to the lip, and quinine.

Wednesday, having met the Drs. Miller in consultation, after etherizing the patient, the actual cantery was applied to the diseased surface. Prescribed quinine, beef-tea, wine-whey; the common water dressing to be used locally.

Thursday, had passed a restless night, but had complained of little pain. Pulse 112–116. Complained of distress in chest, which had increased during the morning. Respiration weak. On examining the chest, mucous rales were heard. Prescribed wild indigo poultice in place of water dressing. Mustard to chest. Opium pill. At 8 o'clock, P.M., the distress had increased. Pulse more feeble. Some perspiration. The cauterized part seemed dark, as if about to slough. Gave a dose of morphia.



Friday, had passed a bad night, with subsultus tendinum. Profuse perspiration. Pulse 125-130, small and rapid. Face no more swollen. Mind quite clear. Ordered stimulants—carb. ammoniæ, gin. He continued to grow weaker, but was perfectly conscious till half past 3, P.M., when he died.

Dr. C. thought that in another case he should use free incision in preference to cauterizing; that the ether was objectionable, as there appeared to be a tendency to secondary affection of the lungs.

[Is there no danger of explosion from the contact of red hot iron with the mouth of a patient who is etherized?—EDS. JOURNAL.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 1, 1859.

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PHYSICIANS' CERTIFICATES OF CAUSES OF DEATH.—We are glad to see that the attention of the Legislature has been directed to the subject of the necessity for accuracy in the returns of the causes of death made to town clerks and registrars. The chapter on the registry and returns of births, deaths and marriages, of the Revised Statutes, came up for consideration a few days since, and among other alterations the following new section was reported:

“Any physician having attended a person during his last illness, shall, within fifteen days after the decease of such person, furnish to the city registrar, or town clerk of the city or town, for registration, a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as near as he can state the same. If any person refuses or neglects to make such certificate, he shall forfeit and pay the sum of *ten dollars* to the use of the town in which he resides.”

This section is objectionable in some of its features, and though better than no law on the subject, will, we trust, be modified before its adoption. It would be far better that the undertaker should apply to the attending physician, in a case of death, for the name of the disease. A large number of the sick, from their inability to pay, are attended gratuitously by physicians, and it is unreasonable to demand any additional expenditure of time and labor from the latter, after the patient is dead. In many cases the physician resides at a considerable distance from the registrar or town clerk—in the country it may be several miles—and the law compelling him to go to the officer in order to record the cause of death, under a penalty of ten dollars, in a case where he has for a long time rendered his professional services, and perhaps supplied medicines, without pay, would be so oppressive that there would be no difficulty in evading it. It would be hard to find a jury who would convict a faithful and benevolent practitioner for non-compliance with the statute under such circumstances.

In the State of Rhode Island, to which we have so often alluded in this connection, the undertaker is obliged to furnish the physician with a certificate, containing blanks for the date of death, the name of the deceased, the disease, both primary and secondary, and the

duration of the disease. To fill out these blanks and sign the certificate require but a very few minutes, and no physician would refuse to do it. We believe that no inconvenience has been complained of in Rhode Island, and the returns of that State, in this particular, are supposed to be remarkably accurate. The same method of obtaining the returns of causes of death is employed in the city of Lowell, by an ordinance of the city government, and we understand that it also works well there.

We doubt whether so large a fine as *ten dollars* could be easily collected, in cases of non-compliance, supposing the statute to be free from objections in other respects. There is always the danger, in making the penalty disproportioned to the offence, that it cannot be exacted. Half that amount, or even less, would make the law more efficient.

We have heard the objection raised to any statute on this subject, that oftentimes the physician himself cannot tell what disease the patient died of. But surely in any doubtful or obscure case he would be much better authority than any one else. The law only designs that he shall tell according to the best of his ability, and if it be really impossible to assign any probable cause, it would be much better to call it "unknown," than to adopt the name of any disease which the friends or by-standers might fancy.

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NEWSPAPER REPORTS OF MEDICAL MEETINGS.—Some of our readers may recollect that an effort was made, some two years since, to exclude reporters of the public press from the meetings of the New York Academy of Medicine. The effort was entirely unsuccessful, the whole Academy, with the honorable exception of Dr. J. G. ADAMS, being apparently terrified by a paragraph in the *New York Times* into hushing up the matter. We were then, as we still are, entirely unable to account for the action of the Academy. An insulting paragraph in the *Times* would have been a sufficient reason, one would think, for excluding the reporters of that paper, at least, from the meetings. The profession must be in a lamentable state in New York, if it not only appeals to the public through the columns of a daily newspaper, but tamely submits to abuse from that same paper.

Lately another attempt has been made, by Dr. GRISCOM, to exclude all reporters except those who represent the medical press. He thought the Academy should be a privileged body, and that whatever was stated there should be confidential, and said that many of the best men in the Academy would not attend the meetings, lest their speeches should be reported in the newspapers. Dr. Griscom was answered by Dr. J. McNULTY, who feared that any such attempt would be *regarded as an insult by the reporters*, and remarked that the press was quite as sensitive with regard to its professional honor as the doctors! This is really amusing. A scientific association is obliged to submit to the intrusion of reporters for daily papers, because their exclusion would be considered as insulting to them!

What appears strangest of all, is that the President, Dr. Watson, not only advocated the printing of the transactions of the Academy in the daily newspapers, but highly complimented the *New York Times*, which two years since published the following paragraph; we have re-printed it once before, but it is worth repeating.

"Unless the times mellow, we shall have the whole Academy of

Medicine drawn up, with hat in hand on the steps of the hospital, and if they hang on their own breasts the improved signboard, 'I am poor and blind to my own interests,' the people will give them credit for telling the truth. For at their last meeting a silly fellow moved, and the Academy entertained the motion, that its proceedings be forbidden to the reporters—never suspecting, what all sensible men know, that if the daily press should let them alone in their stupidity, they would tumble forthwith into such a bottomless pit of oblivion, that the oldest fog in the Historical Society could not remember they ever slept and did nothing above ground."

Is it for this, we wonder, that President Watson highly complimented the *Times*, claiming that the reporters were, many of them, men of culture, and that it would be impossible, and exceedingly impolitic for the members of the Academy to stand on their dignity as professional men, and defy the Press?

We are not aware that the scientific proceedings of medical societies are regularly published in the daily papers in any other city in the world except New York. The impropriety of the thing is obvious. The subjects of discussion are frequently such as are not suitable for the public eye, and especially for the perusal of females and children; the public, incapable of judging accurately in such matters, are often led into extravagant and erroneous ideas on medical subjects, especially in times of alarm from the prevalence of fatal diseases; gentlemen must often be debarred from reporting unsuccessful cases, often the most instructive, if they are to appear in the columns of a public newspaper; and finally the whole thing is an appeal to the public, in other words, quackery, and we wonder that respectable medical men should stand in such awe of the "Press" as to submit to it. We presume the result will be that those members who desire to meet for medical improvement will desert the Academy and frequent other societies whose proceedings are only reported in regular medical journals.

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**NEW METHOD OF OPERATING FOR VESICO-VAGINAL FISTULA.**—We have had an opportunity of examining a very ingenious instrument, invented by Dr. BATTEY, of Rome, Ga., for simplifying the operation for vesico-vaginal fistula, based upon the principle that adhesive inflammation between the raw surfaces is most apt to take place where they are maintained in such firm contact as to completely exclude the urine. It consists of a small bar of lead, corresponding in length to the fistula, perforated with holes, and furnished with slits or notches, corresponding to the holes. Silver wire sutures having been passed through the edges to be united, their upper ends are then made to traverse the holes in the bar, and are secured by clamped shot. The bar corresponds to the upper margin of the fistula. The lower ends of the wires are then fastened to the bar by being carried through the slits, and secured by shot, or by twisting them and the upper ends (left long for this purpose) together. Thus the edges of the fistula are held securely in contact.

The advantages claimed by Dr. Battey for this method are:

1. The action of the compress upon the line of union more efficiently excludes the urine.
2. The compress directly hastens adhesive union by bringing the surfaces in more firm and even contact.
3. The certainty given to the operation by enabling the operator

to view his work from first to last, avoiding all doubt as to the proper and entire coaptation of surfaces.

4. The power of the apparatus to bring down the vagina, and close the opening when the tissues are rigid, and this without danger of cutting out.

5. The action of the splint in keeping the parts at rest, avoiding the possibility of urine being drawn through by capillary force, and affording a smooth, even surface upon which the cicatrix is to be formed.

6. The splint aids the operator greatly by keeping the wires strung in regular order, and out of his way—an item of practical value appreciated by one who has had to deal with a bundle of loose threads where many sutures are required.

**HEALTH OF THE CITY.**—The number of deaths of males and females, last week, was exactly equal. The deaths from consumption were also equally divided between the two sexes, the whole number being small, and all between 20 and 40 years of age. The deaths from diseases of the heart were all males. The deaths from smallpox were 4 males, aged 16 months, 13, 21 and 22 years, and one female of 15 months. We notice 7 deaths from unknown diseases. The total number of deaths for the corresponding week of 1858 was 69, of which 18 were from consumption, 5 from pneumonia, 3 from scarlatina, 4 from typhoid fever, 0 from smallpox, 3 from disease of heart and 3 from unknown diseases.

**BIRTHS, DEATHS AND MARRIAGES IN ENGLAND.**—The Registrar-General has issued his quarterly report of the marriages, births and deaths, registered in England during the last quarter. 84,090 persons married in the quarter that ended on June 30, or 4272 in excess of the numbers who married in the corresponding quarter of last year. The births of 168,311 children were registered in the quarter that ended on September 30. The number is 10,862 in excess of the births of the corresponding quarter of last year. 63,972 was the excess of the number of births over the number of deaths, and that was, therefore, the natural increase of the population of England and Wales in 92 days. On an average 695 were added to the population daily, and the probable daily increase of the population of the United Kingdom was 1042, which, at the ordinary rates of mortality, will supply 347 men daily of the age of 20. 104,339 persons died in the last quarter. This number is 6079 in excess of the deaths, 98,260, in the corresponding quarter of last year.

**LITHOTRITIC IMPROVEMENTS.**—M. Guillon, already known by the ingenious instruments he has devised for the operation of breaking the stone in the bladder, has just sent to the Academy of Sciences of Paris a lithotrite which he calls "the cutting lithotrite, acting by a lever." With this instrument, which easily cuts marble into fragments, a stone three inches in diameter can be quickly broken in one sitting, and reduced to powder in one or two others, of four or five minutes each, with another instrument called "the pulverizing lithotrite." M. Guillon contends that he has realized the wish expressed by Dupuytren in 1833, in a report to the Academy, as, by his (M. Guillon's) "lithotrites, acting by a lever, without any forcing apparatus, and by mere pressure, a stone may be broken in the bladder in one or two sittings of five minutes each; which operation, with other lithotrites, would have required from ten to twenty sittings of similar duration." The inventor requests the Academy to give him a twelvemonth for the collection of a sufficient number of facts.—*London Lancet*.

*Books and Pamphlets Received.*—Transactions of the New Hampshire Medical Society.—Ancient Marriages of Consanguinity. By Isaac Casselberry, M.D., of Evansville, Indiana.

*Deaths in Boston* for the week ending Saturday noon, November 26th, 66. Males, 33—Females, 33.—Accident, 1—apoplexy, 1—inflammation of the brain. 1—cancer, 2—canceroid thickening of the colon, 1—consumption, 12—cholera infantum, 1—croup, 2—dropsy (ovarian), 1—dropsy in the head, 1—debility, 1—puerperal disease, 1—scarlet fever, 4—typhoid fever, 3—gastritis, 1—disease of the heart, 4—intemperance, 2—inflammation of the lungs, 2—disease of the liver, 2—marasmus, 1—palsy, 1—pleurisy, 1—rheumatism, 1—disease of the spine, 1—scrofula, 2—smallpox, 5—teething, 1—thrush, 2—unknown, 7—whooping cough, 1.

Under 5 years, 25—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 12—above 60 years, 7. Born in the United States, 42—Ireland, 17—other places, 7.

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## IMPROVED METHOD OF EXAMINATION OF THE EAR.

BY DR. A. YOUNG, JR., FARMINGTON, ME.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING had considerable experience in aural affections, and well knowing the absolute necessity of accuracy of diagnosis, to arrive at which requires, aside from the subjective symptoms, a thorough knowledge of the physical signs presented, I am induced to briefly record what I conceive to be *a new method*, and when once brought into vogue by aural surgeons they will not only improve the facilities now afforded, but consider the *light* as practically "extended."

None of the authors whom I have consulted, and among them the best and most recent publications—Wilde, Pilcher and Kramer, make mention of the use of reflected *sun* light; and as simple as the means thus afforded, no practical aurist, after a single trial, will adopt any other in the use of direct sunlight.

The common method, as detailed by authors, borrowing an extract from Wilde, is to have "the patient seated beneath the examiner, with the head slightly bent, opposite a window *through which the sun is shining* at the moment, and, if possible, between the hours of eleven and three."

Now my method is available *when the sun shines*, between *sun-rise and sun-set*, by means of the following simple apparatus:—To a foot, or base board, about 8 inches square, is attached a rod 2 feet in length, bearing a sliding ring with a thumb screw, and an armature 12 inches long, having at the end a ball-and-socket joint with a thumb screw, and another short armature to hold a mirror six inches square.

To use the instrument (would not *Solar-scope* be an appropriate name?) raise the lower sash of the window, and place it upon the sill, and rest the beam of the sash upon the top of the rod. Swing the armature out of the window, and by means of the thumb screws adjust the mirror to direct the rays of the sun into any part of the room you please.\*

\* This contrivance has long been used in Boston, by Dr. CLARKE, for the purpose of directing the sun's rays upon the ear.—EDITORS.

With such an instrument, the patient can have a stream of beautiful, clear light playing upon the auricle and *within the meatus*, with the head erect; and the examiner may be seated by his side, and with the aid of his speculum make as complete examination as desirable, and all of this without the inconvenience of a heated head and dazzling sun rays.

Now that cold weather has come, I content myself by setting the *Solar-scope* upon a table, close to the window, and direct the rays of the sun, as in the former case, to any part of the room; or having first seated my patient, direct the rays immediately upon the auricle. The distance at which the patient may be seated from the instrument, may be a few feet or twenty, although ten feet is about right.

Those who know the difficulties attending some operations within the meatus and on the membrana tympani, such as removing polypi or any extraneous bodies, as well as a thorough explanation of the parts, cannot but appreciate this invention, as it is certainly *new*, in aural surgery. The same may be used also for more complete explorations within the vagina, rectum and throat, and nasal fossa—and, as such, will be found a valuable acquisition in the procurement of a bright light.

With one other improvement upon the *Speculum auris*, I close this article. The thing was suggested by a more determined effort to ascertain the true cause of a slight inflammation as well as a peculiar itching sensation on the membrana tympani of a patient, without any tinnitus or loss of hearing. The naked eye, in the best light, could discover nothing but the slightest vascularity of the membrane at the point of the malleus. On the application of a two-and-a-half inch focal magnifier, a small hair was found and removed, which the naked eye alone could not see, and by the removal of which, the symptoms immediately ceased.

Hence, springs up what I shall call the *Speculum-scope* (name suggested, however), and by means of which I conceive that a good thing has been found at last, which, indeed, may be, by longer and larger glasses, adapted to other speculums. Mine is a *forceps speculum*, with an attachment on its left handle of a two-and-a-half inch focal magnifying glass, which is about the true distance from the external opening of the speculum to the membrana tympani—after it is adjusted to the meatus. Some eyes, however, may require a larger or shorter focal glass. The lens may be thrown over the external opening of the speculum, when required.

I use the *Speculum-scope* in the following manner:—Having seated my patient in a chair, with the ear facing the *Solar-scope*, a stream of light is reflected upon the auricle. Seated in a chair beside the patient, the *Speculum-scope* is introduced into the meatus, and as soon as a good view is had, with the right index finger move the magnifier over the opening of the Speculum. The meatus is several times enlarged, and the beautiful mechanism of

the membrana tympani is viewed with all its lesions and deformities.

With the above two excellent instruments, I have examined nearly two hundred patients within the last six months, and I am satisfied that after they have been fully tried, they will take the precedence of all others—or at least be found so indispensable that no aurist will do without them.

*Bath, Me., Nov. 14, 1859.*

RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE,  
AND UPON THE TUBO-OVARIAN MUSCULAR APPARATUS, &c.

[Continued from page 276.]

By bringing these branches of pretended helicine arteries, however, into the field of the microscope, it was at once possible, with a power of 30 diameters, to make out traces of rupture at the extremities of the majority of them, and, by lightly compressing them, to cause little drops of the injection to exude. Wherever compression did not bring about this result, I have always found, instead of a diverticulum terminating in a cul-de-sac, a vessel twisted upon itself in the form of a loop. As to the arterial dilatations, terminating abruptly in a very minute vessel, an arrangement which Kölliker instances as the type of helicine arteries and a general fact, I have encountered them, as did Müller, occasionally only, and in that case I have simply found that in some instances a little branch detached itself from the convexity of the vascular loop, but much more frequently it appeared to be accidentally caused by an incomplete injection. Where, as may be observed in the figure of Kölliker, a fine vascular thread occupies the centre of a trabecule, relatively very large, it is sufficient to compress the dilatation to see the injection distend the pretended trabecule and transform it into a vessel equal in dimension to that of the diverticulum itself. In those instances which have served as the basis of these descriptions, the substance injected did not fill the vessel entirely, but occupied the centre only, and wherever it stopped, it ended in a filament of extreme tenuity. By rendering the sheaths described and figured by Müller, the thickness of which also often exceeds that of the vessel itself, transparent with acetic acid, I have, by means of magnifiers of 200 diameters, determined beyond question that they are nothing else than the walls of the artery itself, strengthened by an additional coat; but at the same time the cylinder of matter injected is far from corresponding in its dimensions to the calibre indicated by the annular fibres of the middle coat of the vessel. In one instance of this sort, the whole diameter of the artery invested with its pretended sheath was 0.<sup>mm</sup> 13; the cylinder of the injection occupied only 0.<sup>mm</sup> 03 of the

calibre of the artery, which measured 0<sup>mm</sup> 08, the thickness of the true sheath or additional coat being only 0<sup>mm</sup> 025.

So also these pretended helicine arteries of 0<sup>mm</sup> 2 and under, are not enveloped in a sheath peculiar to them, as Müller contends; they have those coats only, which, in all organs, normally belong to arteries of their dimensions, and are unconfined in the midst of the large sinuses of the central portion of the corpora cavernosa and the bulb of the urethra. It is important to state that the diverticuli, more or less convoluted, show themselves among the branches in very variable order and dimensions; they are the more attenuated and farther from the central artery, in proportion as the injection has run better, and more care has been bestowed on the preparation. But it is always at the surface of cuts or rents that we find the tufts of helicine arteries. In fresh pieces we perceive, in the cavity of the areolar spaces, that their removal of the surface has subjected to mechanical violence the arteries which traverse them and describe curves, but do not show any free extremity. If we tear the tissue of the trabecules, made transparent by the action of acetic acid or an alkali, or better still by drying, or best of all by means of glycerine, we can see the whole course of the deep-seated arteries, and arrive at the conviction that they nowhere have the appearance of glove-finger-like diverticuli, but only of divisions into multiplied convolutions, up to the very moment when they penetrate through the thickness of the muscular trabecules in order to open immediately after at their surface in the cavernous sinuses. Hyrtl pretends to have seen in the erectile organ of the head and neck of the turkey, arteries which terminated at the surface by dilatations into culs-de-sac. Valentin thinks that the pretended helicine arteries are nothing more than loops, the sides of which are concealed. I can only verify this method of observation: in the crest of a cock, completely injected, and in preparations treated with nitric acid of the strength of 1-10, in which the coagulated blood completely filled the vessels, I could see nothing but arteries very much convoluted, and terminating in a network of large capillaries, which, by their loops, crowded and interlaced with each other, appeared like vascular papillæ, and bristled the surface of the skin, become erectile.

The investigations which I have just mentioned, have conducted me to results conformable in almost every point to those which Valentin has recorded in his excellent memoir, where he demonstrates that the arterial diverticuli described by Müller under the name of helicine arteries, have only a purely artificial existence. I have, however, thought it useful to recapitulate them, with some details, for, in spite of its great precision, the work of Valentin has less reputation and authority than that of Müller, who nevertheless rests in the main upon an imperfect observation. Besides, Köbelt, and more recently still, Kölliker, have by their adhesion supported the opinion of Müller. The work of Valentin should be



rewritten or have been finished sooner. Valentin, in reality, has had the best reasons for stating as a fact, that there are not, in the corpora cavernosa, any more than in every other organ, arteries terminating in culs-de-sac, and that there, as everywhere else, these vessels convey the blood, which courses through them, to channels communicating with the veins. He has had reason, moreover, for stating that no artery opens freely into the centre of the areolar spaces of the spongy tissue; but—in asserting that the vessels convoluted into the form of a spiral do not owe this form to any other cause than the elastic contraction of a broken trabecule, that the arteries of erectile organs present no especial peculiarity, that the convolutions observed in them, as in most other parts of the system, are there, as elsewhere, calculated to accommodate them to a temporary distension—this eminent physiologist has left in doubt an actual fact which the work of Müller, in spite of the errors of interpretation which mar it, had notwithstanding very clearly set forth.

The arteries of erectile organs exhibit a peculiar arrangement, which is at once noticeable. In the first place, as Müller has pointed out, the arterial trunks, in the bulb and at the root of the corpora cavernosa, do not, as is ordinarily the case, divide into bifurcating branches, but are furnished throughout their whole extent with tufts of vessels which branch off in numbers, varying from 3 to 10, from one short common pedicle. These vessels do not, in a single instance, terminate in short diverticuli, they freely traverse the large sinuses of the central portion of the corpora cavernosa and the bulbs, and penetrate after multiplied divisions and anastomoses, into the muscular trabecules, accumulating especially at the surface; they run clear through them, and finally open at their surface by an orifice in the form of a wide slit; moreover, from their commencement to their termination in the muscular trabecules, the branches of these arterial tufts twist and roll themselves into spirals with a short compressed turn, interlace themselves with each other, mingle and anastomose, forming true vascular knots, which, entirely different from simple convolutions that a certain amount of distension will efface, remain entire during the most complete distension, and show a striking analogy to well marked plexuses. It is impossible to misapprehend the relation which connects this arrangement with the special function of an organ where the blood at a given moment must be accumulated as in a reservoir. The veins and the capillaries which are principally concerned in this, there accommodate themselves by dilations and innumerable anastomoses, and also, as has been so well demonstrated by Kobelt, in the corpus spongiosum of the urethra and in the glans, by well-defined true venous plexuses. The arteries, also, of erectile organs, attempt, after a fashion, to form distinct plexuses, the type of which, modified by more or less complex varieties, can be referred to a simple spiral twist.

Once in possession of this great fact, this mother idea, I was very quickly struck with the existence of arteries convoluted into spirals in most of the other organs of the generative system, about the membranous portion of the urethra, in the thickness of the prostate, among the vesiculæ seminales, in the epididymis and the testicle in man; and by a still more marked development, in the human female at the umbilicus of the ovary, in the parenchyma even of this organ, and most of all in the body of the uterus. In the majority of these organs, as in the prostate, the testicle, and the ovary, there was evidently reason for seeking an explanation of these vascular convolutions in the necessity of a temporary distension. In the uterus, these coils, which exist in virgins even, at the period of puberty, far from being eradicated by the development of this organ during gestation, are multiplied and increased in capacity. It was impossible, on the other hand, to misapprehend the fact that with these spiral convolutions of the arteries, there was always coincident the presence of finely divided plexuses, vast venous reservoirs, the plexus of Santorini, the prostatic plexus, that of the vesiculæ seminales, the pampiniform plexus of the testicle, and in the human female the pampiniform plexus of the ovary, and the uterine plexus and sinuses.

I had evidently under my eye the vascular elements of erectile formations, and to complete their demonstration nothing was wanting but the muscular trabecules enlacing in their network the vascular canals. As for the body of the uterus, it was not necessary there to search for the third element, since all the conditions essential for an erectile organ were found therein united; but it was nevertheless necessary to analyse their relations, to show that this mass of vessels was not that of an organ where the blood carried materials for nutrition only; to determine, by the distension of those vessels, the changes of form, of volume or of position; in a word, to ascertain the agents of the erection and the mechanism of this phenomenon. It is the solution of these different problems which I shall now treat of.

[To be continued.]

#### BRETONNEAU AND HUSBANDS' METHOD OF PRESERVING AND USING FLUID VACCINE LYMPH.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I am induced, by the perusal of the very interesting letter from your correspondent "*Viator*," in the "*Journal*" for last week, to present to the notice of your readers a few remarks on the subject which forms the principal topic of that letter. In doing so, I partially anticipate a somewhat extended paper on the whole subject of vaccination which I hope to get time to complete during the ensuing winter, and for which, as many of

my professional friends are aware, I have been accumulating material for many years.

The method of preserving, in hermetically sealed tubes, vaccine lymph in a fluid state, originated with M. Bretonneau, of Tours, who has left us so many other claims to respect as a physician of the highest order and as a patient, exact observer. Bretonneau directed that tubes about six lines in length should be made, of capillary fineness at the extremities, but somewhat expanded toward the middle. These extremely minute tubuli were to be charged by holding one end between the finger and thumb, and applying the other successively to the little drops which exude from punctures in the vesicle. When filled, each end was to be touched with sealing wax; if only about a line of the tube was occupied by the lymph, it was to be hermetically sealed by touching the points to the edge of a strong flame, either of a blow-pipe or ordinary lamp, when, if properly made, the tube would be instantly closed by the fusion of the glass.

Subsequently these tubes were modified by being made of three or four times the length, the dilatation being in the form of a minute bulb (containing about a drop), midway between the extremities, and having, of course, a much greater proportion of tubing of capillary fineness.

There are two great objections to this method, which is, in the main, so beautifully ingenious and scientific. One is to the bulbous enlargement, and the other to the shortness of the tube. I first met the account of Bretonneau's method in one of the volumes of Velpeau's surgery, some ten years since, and at once procured to be made a number of tubes corresponding with the figures in that work. When I attempted to charge them, however, I found, although the lymph ascended *to* the bulb, that *there*, unless the enlargement was very slight, it stopped. Of course it was not difficult to account for this on familiar principles of physics. Some of the slightly dilated tubes, I, as before stated, succeeded in charging, and, not having faith in the hermetical virtues of sealing wax, attempted to close them by fusion of the ends, but found, when the points were applied to the flame, that, before the glass fused, the lymph got boiled, a process which, without further experiment, I was sufficiently satisfied would impair its anti-variolous qualities. My tubes were too heavy; but a few among them, which were drawn of sufficient fineness, I succeeded in sealing, and used some of them afterwards with success.

From these experiments I became satisfied that the tubes should be very fine and of uniform calibre in order to be more amenable to the laws governing capillary attraction, and that their points might fuse with facility; and of greater length, that the lymph should, to a great extent, be remote from the destructive influence of heat during the sealing. I endeavored for some time to obtain longer and finer tubes, but not finding any artist who understood

the matter, and getting along very well with the ordinary methods of vaccination, I discontinued my experiments. During last summer, however, finding unprecedented difficulty (experienced, I believe, very generally in the neighborhood of Boston) in preserving lymph in an efficient state, I procured it from as many different sources as possible to lessen the chances of failure. At that time I received from New York the first long and uniform capillary tube that I had seen, or, indeed, never having known of Dr. Husband or his method, had even heard of. It was about four inches in length, about one-sixth part filled with lymph, and sealed with white wax. The fluid contained in this I used in several cases, not succeeding in any.

I now renewed my search for some one who could make such tubes as I deemed desirable, and was fortunate enough to find a person who drew them for me of exquisite delicacy, of from ten to fifteen and even twenty inches in length, and at a very moderate price. This tubing I break up into lengths of from two to four, five, and even six inches. If a vesicle when punctured exudes but a small quantity of virus, I apply to it the point of one of the short pieces which are broken from the thinnest and finest tubes; if a greater quantity can be obtained, I use pieces of proportionally greater length.

I have found no difficulty in sealing them at the flame of the lamps in common use at my patients' houses. In charging a tube, it will be found that the end held between the finger and thumb is not quite filled; the end which is filled should be gradually brought to the edge of the flame. When this is done, it will be noticed that the lymph is driven towards the other end, partially filling the vacancy; the flame should be now *barely* entered, and in an instant the glass fuses and the sealing of that end is accomplished. The other should be treated with the same caution, for if too great a portion enters the flame, a part of the fluid becomes vaporized and blows at the fused end a succession of minute bubbles, or there may result one of those infinitesimal explosions alluded to in *Viator's* letter. When charged, I put them away in a box filled with powdered charcoal, in a cool, dry, dark place. I do not suppose that the charcoal is of much consequence, but it is part of the original method of Bretonneau, and I have sufficient respect in *such* authority to follow it in so trifling a matter without question. These little tubes can be sent by mail or otherwise with perfect safety, and in any quantity in quills filled with bran, or fine saw-dust, and sealed with sealing wax.

The manner in which I have used the lymph thus preserved, is to break off each end, insert one point into a small straw or roll of paper, blow the contents out upon the surface of a perfectly clean piece of window glass, use the lymph in a fluid state for any vaccinations which are to be presently made, and if any remains charge therewith as many quills as may be. I have succeeded very

well in this way, and do not think that Dr. Husband's method of blowing the lymph upon the scratched arm has any advantage over it. Bretonneau's plan was the same, except that he moistened the points of lancets with the lymph.

I quote still another method from a pamphlet issued in New York. "Fluid lymph is best used by first breaking the tube at the point *to* which the fluid ascended in charging, and then drawing the fractured end through or over the incision made by the vaccinating scarificator." No directions are given to ascertain the end to which the lymph ascended. It does not seem of much consequence which mode is adopted, but I wish to give your readers such information as I may possess on a matter which, at present, may perhaps be of peculiar interest. In regard to the vaccinating scarificator, it may be obtained from Tieman, of New York, at a cost of three and a half dollars. It is essentially a miniature cupping scarificator, and is one of those useless gimeracks of which surgical genius seems so prolific; it is infinitely difficult to keep the little blades free from rust, and every vaccinator knows, or ought to know, the impropriety of using rusty instruments. The slight scratches are made infinitely better with the "not over sharp point of a lancet." If either the punctures or scratches are properly made (that is, so slight that they barely exude blood, or rather serum tinged with blood, and *that* only after rubbing the arm with one's finger), it will be quite unnecessary to do anything more than simply apply the fluid lymph thereto—no dabbing, or pressing, or other manipulation, is necessary.

As I never heard even Dr. Husband's name or any account of his method of vaccination, before reading your correspondent's letter, I, of course, do not know whether he claims the method of scratching instead of puncturing the arm as his own, or for how long a period he has employed it; but I have vaccinated in no other way for at least nine years, when using fluid lymph or the dissolved crust; and having been struck by its great advantages over every other method in its freedom from pain and the accompanying soreness of the patient, and in its greater certainty on account of the vast number of points at which the virus is brought into contact with the absorbents, I, three or four years since, read a paper before our County Society, in which I urged this and some other matters upon the attention of its members, and I believe that to some extent they have adopted the method.

When I commenced vaccinating in this way, I supposed it was original with me; but I have since ascertained that other physicians in this neighborhood have used it, among them the respected ex-president of our Society, Dr. Elisha Huntington, of Lowell, long before myself.

I trust that your readers will pardon the doubtless many inelegancies of this hastily written communication, begotten truly "twixt sleep and wake," and "*inter tædia et labores*," if that stands

for during attendance on a "tedious labor," and long after midnight, in the "wee hours about the twal." I hope those who may read it will derive some useful information from the matter, to compensate for the deficiencies in the style.

The ingenious and very obliging artist who prepared the tubes, so often mentioned, is Mr. Huddleston, scientific instrument maker, 96 Washington street, up stairs. I have obtained a quantity, and left them for gratuitous distribution at Messrs. T. Metcalf & Co.'s, who have very kindly consented to deliver specimens to whoever may think it worth while to call for them. If any desire a larger supply, I am informed that Mr. Huddleston will be happy to prepare them in any quantity and at a moderate price. Whether it is expedient, as I believe it is by some considered, to import vaccine lymph from Britain, notwithstanding our millions of kine and babies, I think it will be acknowledged by those who see Mr. Huddleston's tubes, that, for them, at least, it is not necessary to send across the broad Atlantic.      Yours respectfully,

*Roxbury, Nov. 30th, 1859.*

HENRY A. MARTIN.

#### CHLOROFORM IN MIDWIFERY.

[Communicated for the Boston Medical and Surgical Journal.]

THE use of anæsthetics in all cases of normal labor, is now generally and wisely discarded. In some abnormal conditions, the judicious use of chloroform is attended with the happiest results, which entitle it to take precedence of all other agents. From its speedy action it is preferable to ether, as, in general, the object is to afford immediate relief on the accession of a pain, and not to produce unconsciousness. From its specific effect, in promoting uterine and vaginal secretions, in correcting irregular uterine contractions, and in relaxing the mouth of the uterus, it supersedes the use of tartarized antimony, opium and venesection, while its action is far more agreeable to the patient, and more under the control of the physician. A case occurred in the first labor of a young woman, where the three last named agents were used without relieving the ineffectual, yet almost intolerable, pains, while the subsequent inhalation of chloroform reconciled all difficulties, like a charm, without using it to the extent to cause sleep.

In the contraction of the upper circle of the os uteri, described by Dewees under the head of "partial contractions of the uterus," chloroform is *the* remedy. In illustration, the following case is given. The patient was a robust Irish woman who had had several children, one of which, she said, weighed nineteen pounds at birth. There was certainly no want of capacity in the pelvis. When called to her, she had been in labor twelve hours, with smart pains. The membranes presented at the os externum, and were soon ruptured. The os uteri was fully dilated, and the presenta-

tion was natural, but the head did not advance. The finger, interposed between the head of the child and the lip of the uterus, detected an apparent lack of expulsive power. Ergot was given, which only made the pains more continued. The introduction of the hand, within the os uteri, disclosed a contraction of the uterus around the neck of the child, which prevented the shoulders from passing. Tincture of opium with tartrate of antimony were then given, which caused vomiting, but no favorable change. Venesection, so relied upon by Dr. Dewees, was not deemed expedient, as the patient was addicted to the free use of stimulants. Seven hours of attendance had already passed, and another hour elapsed in procuring some chloroform. A small quantity of this was inhaled, from a handkerchief, at each pain, producing a happy frame of mind, and an occasional sleep between the pains. In half an hour from the commencement of its use, the spell was broken, and the labor soon terminated in the birth of a child weighing ten and a half pounds.

This was, really, *an* "hour-glass" contraction; therefore, analogically, chloroform is the remedy in "encysted placenta," and will supersede the necessity of physical force. It is a precious boon to suffering woman, which no humane physician, with a knowledge of its power and applicability, should wish to withhold.

EZRA BARTLETT, M.D.

*Exeter, N. H., December, 1859.*

### Correspondence.

34 Gloucester Place, Hyde Park, }  
London (W.), Nov. 5th, 1859. }

MESSRS. EDITORS,—Although I begin this communication on Guy Fawkes's day, and with perpetual reminders of the anniversary in the shape of groups of boys surrounding their fantastic "Guys," and singing before the windows a wild chorus, sure to be terminated by "remember the Guy, please"!—I by no means intend to perpetrate a Gunpowder Plot at the expense of the JOURNAL. If, therefore, you find any thing in what is to follow, which in your own opinion will tend to blow up that respectable periodical, you must suppress it; and you can, if you please, comment upon its author in the expressive phrase—"What a Guy!"

Being about to leave this wonderful wilderness of a city, I have thought a few hasty notes of what I have seen here professionally, might not be unacceptable to you. I have exemplified "perpetual motion," in my own person, for some time past, by rushing from one part to another of this immense emporium, in search of medical and surgical celebrities, either at their residences, at hospitals or dispensaries. In several instances, introductory notes from professional friends at home have procured for me not only the information which I sought upon medical and surgical subjects, but also those pleasant hospitalities which a stranger so fully appreciates. There are many

among us in Boston who will mentally unite with me while I acknowledge with peculiar gratification the hearty cordiality and genial attention shown by medical men here to their *confrères* from our side of the water. A very pleasant social feature of this intercourse is the reunion of one or two congenial persons at breakfast. An English breakfast is a very delightful thing, *per se*, but the pleasant conversation upon various topics, and the true and easy courtesy shown to the guests, have made a lasting impression upon me. I have but just returned from such a breakfast with Mr. J. P. Streatfeild, the accomplished editor of the *Ophthalmic Journal*, published here under the auspices of the medical officers of the Royal Ophthalmic Hospital, Moorfields, and with which you have been now some time familiar. Mr. Streatfeild, although quite a young man, is rapidly rising to a most enviable position, both as a practical ophthalmic surgeon and as a *littérateur* in professional matters generally. Of the excellent management of his own *Journal*, I need not now speak, since the readers of the *Boston Medical and Surgical Journal* have seen it frequently commented upon. It ought to be universally patronized. Mr. S. is no less a delightful companion and good host, than a man of note professionally. The Latin salutation "*Salve*," which is inwoven into his *door-mat*, and which therefore strikes the visitor's eye the moment he enters the door-way, only forestalls for an instant the landlord's spoken greeting. Mr. S. jocosely begged me to remember—on my remarking the above—that it was *not* intended to refer to *salve*—of any sort!

I should be dissatisfied with myself, were I to omit mentioning an equally delightful morning passed with Dr. Francis Sibson, whose exquisite taste in matters relating to Natural History is, I am sure, as familiar to some of our brethren in Boston, as his medical fame is widely known and appreciated. I hope it is not inappropriate for me to refer, in this connection, to that sympathy of taste in matters relating to Art and Natural Science, which so gracefully manifests itself between the master and mistress of the hospitable mansion to which I now refer. May the hues of happiness and prosperity which now pervade the existence of both, be unlike the shifting colors of the pet-chameleon, so much at home upon the lady's hand!

To Dr. George Johnson, the well-known author of the work on the kidneys, so long acknowledged as standard authority, I am greatly indebted for the pleasure and advantage derived from an examination of his beautiful and extensive collection of microscopic specimens of renal pathology. To a singularly kind and winning manner, Dr. J. adds a clearness of description and a skill in manipulation, which at once make his visitor "at home," and enable him to grasp and retain much in a comparatively short time. Approaching him without any introduction, except by acknowledging my indebtedness to his invaluable work, for my own purposes of quotation, I was received with the utmost kindness, and would express my deep obligation to him for his polite attention. The specimens examined under Dr. J.'s microscope, were his exquisite preparations of appearances in various forms of renal disease.

At St. Mary's Hospital, Paddington—an institution comparatively new, of great merit, well-built and admirably ventilated—I was so fortunate as to see the practice of Dr. Sibson and of Mr. Toynbee. The latter gentleman is Aural Surgeon to the establishment, and of



him, and others distinguished in this branch, I intend to write you on another occasion—having particularly interested myself in this department, while here this time.

With Dr. Sibson, I saw many interesting cases, and was as much pleased with his gentle and urbane deportment toward his patients, as I was with his demeanor in his own house. He has devoted a great deal of time, labor and expense, as is well known, to the investigation of thoracic disease; and his researches in chest-measurement in pulmonary pathological conditions, are widely known and valued. I had the advantage of examining many of the plates and illustrations already published by Dr. S., besides others not yet made public; and I was much gratified by witnessing the application of his little instrument known as the "chest measurer," a model of which was shown, some time since, by Dr. Putnam, at a meeting of the Boston Society for Medical Improvement. The instrument appears to me to constitute a measure both of the rapidity of respiration and of the capacity of the lungs—also of the power of inflation—as when respiration is hindered from any cause, as in pleuritic disease, &c.

The wards around which I accompanied Dr. Sibson, when visiting St. Mary's, were named Victoria, and Albert. The former contains 21 beds, the latter 18. There are 150 beds in the hospital, usually prepared for use; and extra beds are often set up. I have thought it a pity that this and other similarly well-managed and useful institutions do not receive governmental aid. They appeal, very generally, to public charity, although the names of the titled and the wealthy appear duly registered as their "Patrons." It has not yet happened to them, apparently, to be effectually remembered in testamentary documents, like our own Massachusetts General Hospital, for instance. Some two or three hospitals do receive the royal aid.

I was greatly interested by the account I received from Dr. Sibson, of the unexpected convalescence of a man in his wards, who entered very seriously ill, and in imminent danger of suffocation from the effect of pressure of an enlarged thyroid gland upon the trachea. The hissing, whistling respiration of this patient could be heard for a long distance from the bed when he first came in, and it was thought he could not survive. Diligent watching and treatment, however, brought him round, so that when I saw him he was convalescent, although much of the *sibilus* in respiration was still audible. By the chest-measurer, it was ascertained that where the respiration had been twenty and more, on admission, it had fallen to four and five. Amongst other remedies, Dr. S. had given six grains of iodide of potassium every hour, during the height of the affection.

In delirium tremens, Dr. Sibson has found great success by administering opium in full doses, *at night only*, stopping in the day time. Some stimuli are occasionally needed, in certain cases. As for abandoning the use of opium, as has been advocated by some in this affection, Dr. S. scouted the idea—but he rigidly observes the above-named rule of administration. He prefers the fluid forms of preparation for giving the drug.

At University College Hospital I saw the operation for lithotritry skillfully performed by Mr. Erichsen, who was also particularly attentive in pointing out to me the interesting cases in his extensive wards. Amongst others, a good case of restoration of soundness to the shaft of the right humerus, by the "peg-operation," after long un-united

fracture ; and an excellent result, in a boy, after exsection of the head of the femur, particularly interested me. Mr. Erichsen also showed me a new disinfecting agent, which is used in the hospitals and dispensaries, as well as in private practice, here—it is entitled “ Condyl’s Patent Disinfectant,” and is understood to owe its virtue to the *permanganate of potash*. The solution, when mingled with water, is of a beautiful purple or violet hue.

I must here take the opportunity to express my admiration of Mr. Erichsen’s bearing, both toward his patients, and toward those who follow his clinical visits. Firm, resolute, and very dexterous as an operator, he is polite, communicative, and the soul of good humor. In his own house, I enjoyed a most cordial welcome from him, and have gratefully to acknowledge being put in the way, by him, of acquiring much information, from the best sources, upon the Diseases of the Ear. I could not but be struck with the resemblance between Mr. E. and Dr. L. M. Sargent, Jr., of Boston—and, if I mistake not, much of the same humor and bonhomie which we know to characterize our townsman, belongs also to Mr. Erichsen. I shall ever retain the most agreeable impression of the English surgeon. His opinions upon lithotripsy and lithotomy, as enunciated in a clinical lecture to which I listened, are worth mentioning. He considers the mortality after lithotripsy to be as great as after lithotomy, in University College Hospital. For lithotomy, he greatly prefers the *lateral* operation ; and he counsels operators to perform it *low down*—getting into the triangular space, formed by the perineal muscles, from below upward and opening the urethra far back. Thus wounding of its bulb is avoided.

I may here mention that an intelligent-looking negro was acting as one of Mr. Erichsen’s dressers.

In ophthalmic surgery, I have been fortunate in witnessing the treatment usually adopted at the Royal London Ophthalmic Hospital. In treating that very common affection amongst the lower classes—granular conjunctiva—and of which we have such innumerable instances at the Central Office of the Boston Dispensary—the surgeons of the Ophthalmic Hospital employ the sulphate of copper crayon, as we do—and the constitutional measures requisite, are, as with us, strictly observed. Tonics, and especially ferro-iodides, are much in favor—for, as with us, the lymphatic and scrofulous diatheses often prevail.—There is a vast crowd of out-patients at the “ Ophthalmic ;” and the untiring services of the physicians and surgeons are unfailingly enlisted. Mr. Streatfeild informed me that it is intended, shortly, to build, and furnish suitable accommodations for this admirable charity. Here is another object, to which, as I before intimated, the aid of government should be lent.

At the “ Ophthalmic,” I saw Mr. Dixon—well known as a most judicious and skilful operator—perform the operation for extirpation of the globe of the right eye. The patient was a young, weakly-looking boy. Chloroform was used. Before operating, Mr. Dixon said that he believed the affection to be encephaloid disease of the globe. The usual operation for extirpation was dexterously performed. After removal of the eye, a bulging portion was plainly perceptible, close to the optic nerve—which latter, although not deeply diseased, seemed gelatiniform in consistence. The protruding part mentioned, Mr. Dixon considered without doubt to be an *encephaloid* growth, affecting the whole interior of the tissues of the globe. In a case of extreme

*staphyloma corneæ*, under Mr. Streatfeild's care, that gentleman had thought of extraction of the lens, as a last measure, to relieve a very bad condition; Mr. Dixon advised delay for a time. The patient was a Morocco Jew, in rather poor health and much depressed in spirits. He was not, moreover, very clean in person—as both hair and beard exhibited ample accommodation for that species of minute vermin said to be particularly friendly to man. The diseased eye in question was the left; the right had been previously operated upon, by Mr. Streatfeild, for artificial pupil.

Mr. Dixon is partial to the operation for cataract by *extraction*, and showed me two patients upon whom he had lately done the operation, with very satisfactory results. The operation of breaking up a very soft lenticular cataract, with the needle, I saw very skilfully performed by Mr. Streatfeild.

At the Ophthalmic Hospital, I also had the great pleasure and satisfaction of meeting with Mr. Jonathan Hutchinson, so widely known to the medical world as a zealous and most skilful practitioner, and moreover as an original thinker, of the very first water. I was delighted with my interview with Mr. H., and, in the short time I was in his company, had the advantage of witnessing, under his own guidance and explanation, a very marked case of that peculiar condition of the teeth, which he has lately discovered: viz., a notched and often an inverted (sideways) state—best illustrated by engravings—and which is pathognomonic of hereditary syphilis. Great credit deservedly redounds to Mr. H. for his acuteness in making this discovery, and his industry in elaborating the facts. A most interesting account, with capital illustrations of the lesion, has just appeared in the tenth volume of The Pathological Society's Transactions. Mr. Hutchinson very kindly promised me certain of his illustrations upon this subject, and which I hope to be able to show on my return. The whole matter is novel, exceedingly interesting, and most valuable to the profession and the public generally. I am very much gratified to have enjoyed so excellent an opportunity of witnessing this peculiar condition, and shall be much interested in making observations thereupon, at home. I am glad to have the chance, also, of letting the profession in America know that the publications of "The New Sydenham Society" for the first year, *will* be furnished to subscribers in the United States. This, it had been feared, would not be possible; but Mr. Hutchinson, the Secretary of the society, told me, the other day, that a *reprint* of the copies is to be issued, and that subscribers in the States will probably receive their copies sometime in January next. As I saw a statement of a different nature in the JOURNAL, a while ago, I take pains to mention this. Possibly Dr. Salter, local Secretary at Boston, may have forestalled me in giving this information.

In conversation with Mr. Hutchinson, relative to "Addison's disease"—he having, as is well known, made an admirable *résumé*, of the cases known, up to a late period (Vide *Medical Times and Gazette*)—he now confirms the conclusions of Dr. Addison and of himself and some others—being confident of the close connection existing between disease of the supra-renal capsules and bronzing of the skin. He spoke of instances, and of one in particular, where a diseased condition of the capsules had been confidently predicted during life—bronzed skin existing—and the fact was verified on dissection.

I have already mentioned the fact that great numbers of out-patients

attend at the Ophthalmic Hospital; Mr. Hutchinson's expression was, that the attending surgeons were literally "inundated."

I believe that I have thus given you enough for once, in the shape of so excursive a communication as this letter is; and as I have already intimated an intention of furnishing you with some of my notes upon diseases of the ear, at another time, I will now take my leave, with best wishes for yourself and the JOURNAL. My method of writing has been more rapid than my observations were—resembling very closely the action of a "Patent Safety Hansom Cab"—riding in one of which vehicles, as I dare say you know, is capital fun and very exhilarating. Considering the crowded state of the streets of London, and the rapid rate of driving, the Hansom "cabbies" may be said to do the thing *handsomely*! And nearly an equal award of praise may be adjudged to men of the whip, here, generally.

Yours very truly,

VIATOR.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 8, 1859.

IS CHLORATE OF POTASH AN INNOCENT REMEDY?—The *Lancet* for Oct. 8th contains a communication from Dr. HENRY OSBORN on the subject of Chlorate of Potash, in which he intimates that this salt is not quite so safe, when indiscriminately administered, as is generally imagined. He thinks that congestion of the brain is apt to follow its use. He took it, himself, in the doses of five, ten, and fifteen grains. The first two doses caused a sense of congestion in the head, with pain in the forehead. The last dose produced "slight acceleration of spirits, followed by congestion of the brain to such an extent that one-half the head, face and nose felt paralyzed. These symptoms continued for two days, and then gradually subsided. There was also a loss of taste, being scarcely able to distinguish different kinds of meat. The muscles of the palate felt contracted, and the mucous membrane of the mouth and throat appeared tanned, as if this had been effected by tannic acid." We call attention to these statements, although we cannot help thinking that Dr. Osborn is mistaken in his inferences. The medicine is given almost daily in doses of from ten to thirty grains, and upward, without such effects as he describes being observed, as we think they certainly would, did they often occur.

Since the above was written, we have seen a communication from Mr. WEEDEN COOKE, in answer to Dr. Osborn, from which we copy the following passage:—"In my hands chlorate of potash has proved a tonic of the very highest value in all adynamic conditions, and at all ages; but more especially in hectic states of the system, when quinine and iron were inadmissible. So powerful is it in oxidizing, or decarbonizing the blood, when the liver and skin have failed in their offices, that I believe, from a very large experience of its effects at the Royal Free Hospital, that there is no tonic comparable to it in the sequelæ of the exanthemata (otorrhœa, anasarca and cachexia of all kinds), in all scrofulous diseases, whether of bone, gland or tissue, as well as

those indicated by Dr. Osborn—viz., necrosis, leucorrhœa, gleet, and secondary syphilis. Agreeing with Dr. Osborn in the inexpediency of its administration in all acute inflammatory attacks, I think that in reviewing those numerous diseases in which there is want of power, I know of none in which chlorate of potash, either solely or in combination with iron, quinine, or the other vegetable tonics, may not be advantageously employed." He gives it to a child of one year, in the dose of one grain, increasing it one grain every year until seven years; after that, a more gradual increase, until eighteen years, when the full dose, fifteen grains, may be employed.

Mr. Cooke considers the chlorate of potash as remarkably efficacious as a local application in various ulcers. "It is invaluable in foul chronic ulcers of the legs; in tertiary sores, not of an inflammatory character: in ulcers of the mouth and tongue, arising either from syphilis or cancer, or cancrum oris, or necrosis of the jaws: and especially so in cleansing and deodorizing, and indeed healing many of the foul cancerous ulcers occurring in various parts of the body. I have employed it in all these lesions at the Cancer and the Royal Free Hospitals, as well as in private practice, for many years, and am daily reminded of its inestimable benefit, wherever there is an absence of active inflammation." The strength of the solution which he employs is eight grains to the ounce of water. This, however, is too strong for the mouth, and generally for the breast.

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**SMALLPOX AND VACCINATION.**—The prevalence of smallpox and varioloid, during the past six months, not only in this community but in other parts of the country, and even in Europe, has awakened a good deal of discussion on the subject among medical men. The foreign journals are teeming with articles on the best method of performing vaccination, so as to prevent the danger of subsequent infection, and on the most efficient means of encouraging the practice among an ignorant and prejudiced class of people, too often indifferent to, if they do not actually resist the inestimable blessing of a means of preventing a most dangerous and loathsome disease. Even in England, where more stringent measures are adopted than are possible under a government like ours, vaccination is far from being as universal and as efficient as it ought to be. Hence, from time to time epidemics break out, which destroy a greater or smaller number of inhabitants, until the material, the unvaccinated part of the community, is exhausted.

More attention seems to have been paid of late to the selection of good lymph, or rather of lymph taken from healthy subjects, than was formerly thought necessary. How far this is a matter of importance, is still a matter of doubt. There are some high authorities who maintain that it is impossible to transmit other diseases than the vaccine, by means of vaccine lymph: but the more general opinion among those who are qualified to judge in this matter, is that a syphilitic taint may be so propagated, and probably other diseases and even diatheses. Thus Dr. James Whitehead, of Manchester, a most reliable observer, states, in the Third Report of the Manchester Clinical Hospital, that in 34 cases occurring in that institution, the evidence appeared sufficiently convincing to warrant the belief that a taint had been communicated; and in 14 of these, the disease thus implanted was of true syphilitic character, as the nature of the symptoms and the mode of its derivation convincingly demonstrated. In 20 other

cases, whose history was less clear, the symptoms in the child were so precisely like those of constitutional syphilis, and so unlike, in several of their features, any other form of disease, that the treatment employed was that commonly used in syphilitic disease, and in most of the cases was attended with satisfactory results. In all these cases, the parents and the rest of their children were found, after careful inquiry, to be free from such affections. However this may be, the present difficulty lies less in procuring good lymph than in arousing people from their apathy before it is too late. The poorer classes are not only much more suspicious than the rich as to the quality of the "infection," but are often jealous of being vaccinated at all.

It is a little remarkable that the operation of vaccination, the greatest blessing which medicine has conferred on man, should be comparatively unremunerative to the physician. Many persons would pay for a physician's attendance through a case of smallpox with more readiness than they would pay for vaccination, by which the expense of such attendance might be saved. The operation looks so easy—any one might do it—that it really is not worth any thing! One is apt to forget that it is impossible to assign the exact commercial value to any of the services which the physician renders to his patient. Vaccination is as easy as writing a prescription; but to do it well, to be able to select the lymph from a healthy source, and to judge of the character of the vesicle produced, form a part of the results of a laborious and expensive course of study, which no one undertakes without the prospect of a reasonable pecuniary return. No physician would refuse to vaccinate a person exposed to variolous contagion because the latter was unable to pay, but it is notorious that the fee generally received is not only disproportionate to the benefit conferred, but to the circumstances of the patient. We believe it would average less than a dollar, and if we include in the average those cases in which the operation is gratuitously performed, it would be much less. We do not expect to have our property insured from destruction without paying a reasonable compensation; is it not unjust to effect an insurance against disease and death, without paying for it? If a reasonable fee for vaccination could be collected, it would be much more for the interest of physicians to perform the operation than it now is; but it cannot be reasonably expected that they should go out of their way to do it, when they have already so much other gratuitous labor to perform.

We notice in a daily paper a statement to the effect that the virus used for vaccination has never been renewed since the time of Jenner. This is incorrect. The virus has been repeatedly renewed, though we believe there is no reason to think that the original stock has in any way deteriorated.

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A NEW METHOD OF APPLYING CHLORIDE OF ZINC.—The following formula is recommended by Dr. G. W. SPENCE, of England, for a chloride of zinc paste. Dissolve fifty grains of prepared chalk in two drachms (by measure) of commercial muriatic acid; dissolve one hundred and fifty grains of sulphate of zinc in two fluid drachms of boiling water. When required for use, mix the two solutions, and the result will be a paste weighing near an ounce, and containing about one-sixth of pure chloride of zinc.—*Lond. Lancet.*

POPULAR NOTIONS RESPECTING THE MEDICINAL PROPERTIES OF GIN.—Within a few years past it has become customary to prescribe alcohol in various forms, for certain diseases, particularly tubercular consumption; and this substance is also given in the form of wine, in other complaints, to a much greater extent of late, than was thought advisable during a few years past, owing doubtless to the natural reaction which followed the ultra-temperance doctrines. We have no question of the beneficial effects of alcohol in certain diseases, when administered at the proper time and in the proper quantity: which can only be decided by a medical man; but we have before protested against its indiscriminate employment without medical advice, as being in a great measure useless for purposes of cure, and often dangerous in its effects both on the disease and on the habits of the patient. There is no doubt that a large amount of whiskey (and pretty bad whiskey, too) is consumed under the excuse of sickness, which is really taken in order to gratify a craving for ardent spirit. Of course the manufacturers and sellers of spirits lose no opportunity of urging upon the public the value of alcohol as a remedy for innumerable diseases, and they expend large sums of money for advertising their liquors, and for printing certificates from chemists, clergymen and obscure doctors in favor of their efficacy.

All this is natural, and we should never dream of uttering our feeble voice against a monstrous but inevitable evil. We cannot forbear, however, once more to protest against the reprehensible proceeding of certain newspaper editors, who prostitute their influence by endorsing the statements of those who advertise in their journals, and thus tend to increase the evil of intemperance, which has been the source of more misery to the human race than any thing else. The whiskey mania has of late yielded a little to the gin fever. Our papers are filled with advertisements stretching from top to bottom, each party recommending his own gin, as the only pure and unadulterated article; and however much they may dispute about the superiority of their different articles, they are all agreed on one point,—there is nothing like gin for a great variety of complaints, but, above all, for all diseases of the kidneys and of the bladder. These recommendations are echoed by the editor, who, as in the case of an article before us, says “it is well known that in all cases of the diseases of the kidneys, pure gin is not only the best possible agent to work a cure, but that at the same time it acts with equal benefit as a preventive. The peculiar properties of gin act most powerfully upon the kidneys, gently assisting the operations of nature, so as to prevent the formation of calculi. These diseases cause untold suffering, but are most effectually overcome by the use of this simple remedy.” These statements are entirely untrue. Gin is rarely given in diseases of the kidney. It is a good diuretic which is occasionally useful in diseases of other organs, when the kidneys are sound, and will bear stimulating. Of course, when the kidneys are diseased, the indication is to throw their work on some other organ, especially the skin.

But if gin be of very limited use in the treatment of disease, it is a most frequent *cause* of disease, especially of the liver and kidneys. Cirrhosis is caused, in a large number of instances, by the habitual use of gin, and hence the prevalence of that disease in London, where this spirit is extensively drunk by the lower classes. Indeed the amount of evil caused by gin-drinking in London is incalculable. It is

certainly unfortunate that not only should its use be recommended here, but that virtues should be ascribed to it, by those whom the public is accustomed to look upon as respectable authorities, which it is entirely destitute of. The use of gin is by no means confined, popularly, to the treatment of urinary disorders. It is given by the ignorant for every variety of complaint, even to young infants. It is time that the public should be disabused of their notions respecting the effects of this fascinating medicine. We are not believers in total abstinence, but the occasions for the necessary or even useful employment of gin are comparatively few, while its habitual use, in excess, lays the foundation for serious, and often incurable diseases.

MAINE MEDICAL SCHOOL.—*Messrs. Editors*,—Your correspondent "Medicus" chats quite merrily over the misrecollection and misuse of the name of an individual in my article published in your JOURNAL of the 13th of October. In palliation of that fault, allow me now to re-baptize the child, and to name him correctly, Paul A. Chadbourne. There—the matter is all right; and yet a rose by any other name would smell as sweet—yea, even by the funny name of Chadwick.

And now, Messrs. Editors, would you have the goodness to publish in your Journal the act of the Legislature of Maine, granting to the Maine Medical School half a township of land, your many intelligent readers would have the opportunity of seeing and judging the *conditions imposed by that act, and upon whom imposed*; and whether or not the acceptance of it by the Trustees of Bowdoin College places the Medical Faculty under the authority of law in the case made and provided—meaning, the education, studies, and graduation of the medical students at that institution, anything contained in the announcement of the Medical Faculty for the year 1860 to the contrary notwithstanding.

HUFELAND.

Nov. 28th, 1859.

HEALTH OF THE CITY.—Of the 72 deaths reported the past week, those of females were ten in excess over those of males. The number under 5 years was 20, exactly the same as that between 20 and 40. The number of deaths of females by consumption was 16, and of males 5. The victims to smallpox were 2 males, aged 21 months and 25 years; and 3 females, aged 4, 30 and 53 years. The deaths by old age were of one male aged 90, and one female aged 87. The deaths formerly classed under "infantile diseases" are now included under the head of "unknown," which in the present report includes 4 of the former. The total number of deaths for the corresponding week of 1858 was 82, of which 18 were from consumption, 5 from pneumonia, 6 unknown (infantile diseases), 5 from casualties, 3 from scarlatina, 1 from old age, 3 from puerperal disease, 0 from smallpox.

*Errata*.—Page 318, second line, for "or" read *as*. Page 335, nineteenth line, omit the words "more sonorous."—P. 377, line 35, for "soreness" read *screams*.—P. 378, 24 line, for "about" read *ayont*.

*Books and Pamphlets Received*.—The Diagnosis, Pathology and Treatment of the Diseases of the Chest. By W. W. Gerhard, M.D. Fourth Edition.—The Obstetric Catechism, containing two thousand three hundred and forty-seven Questions and Answers on Obstetrics Proper. By Joseph Warrington, M.D. Records of Daily Practice. A Scientific Visiting List for Physicians and Surgeons.

*Deaths in Boston* for the week ending Saturday noon, December 3d, 72. Males, 31—Females, 41.—Accidents, 4—apoplexy, 1—bronchitis, 1—congestion of the brain, 2—disease of the brain (scrofulous meningitis), 1—consumption, 21—croup, 1—dysentery, 2—dropsy, 3—debility, 2—puerperal disease, 3—scarlet fever, 3—typhoid fever, 2—gastritis, 2—disease of the heart, 2—intemperance, 1—disease of the kidneys (Bright's disease), 1—inflammation of the lungs, 1—marasmus, 1—old age, 2—pleurisy, 1—premature birth, 3—smallpox, 5—sore throat, 1—thrush, 1—unknown, 5.

Under 5 years, 20—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 12. Born in the United States, 40—Ireland, 23—other places, 6.



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ON IN-GROWING NAIL.

BY DR. F. W. LORINSER.

[Translated for the *Boston Medical and Surgical Journal*, from the *Oesterreichische Zeitschrift für praktische Heilkunde*.]

THE disease known under the names of In-growing Nail, Onyxia, Onychia, is a tolerably frequent affection, often very long and troublesome, and sometimes extremely painful, which has excited the attention of surgeons from the earliest periods of the art, and which has called forth the greatest variety of treatment. As its name indicates, the disease is generally supposed to consist in an abnormal alteration of the nail, against which the treatment recommended for it has been chiefly directed.

The usual situation of the disease in the lateral edges of the nails of the great toes has been explained by the assumption that the surface of the nail becoming more convex, in consequence of the lateral pressure caused by tight shoes, its edges enter more deeply into the surrounding fold of skin, which in consequence becomes excoriated, and through the constant pressure of the edges, degenerates into an ulcerated condition. Accordingly Fabricius ab Aquapendente, and Fabricius Hildanus, long ago endeavored to expose and remove the edge of the nail, by inserting beneath it a little cylinder of lint; and Guy von Chauliac advised that this should be done, and the skin at the same time depressed, by means of a piece of thin sheet-lead. Dessault employed for this purpose a piece of tin, curved so as to correspond to the border of the nail and the ulceration, which was bound upon the toe, the diseased parts being previously covered with a linen rag. Boyer endeavored to introduce lint between the nail and the ulceration, and by applying compression, to raise the edge, and place underneath it a bit of folded linen, or thin sheet-lead. Guilmo recommends the corner of the nail to be frequently cut off, as close as possible. Faye scraped the nail thin, and then cut out of it a V-shaped piece, bored holes through the two edges of this, through which he passed a wire, whose ends he twisted together, in order to draw the cut

edges towards each other, and remove the in-growing part of the nail from the skin.

Surgeons were not wanting, indeed, in former times, who deviated from the notion that the shape of the nail must be improved, and who directed their chief aim to the removal of the ulceration; for Abuleasis and Paul of Ægina only elevated the nail in order to remove the ulceration, and to destroy all traces of it by caustics; and Ambrose Paré, and after him Brachet, successfully removed with the knife the whole of the fungous growth formed by the ulceration at the side of the nail. Still the original idea, that the supposed cause, namely, the deformity of the nail, must either be remedied or removed, came up from time to time, and finally led to a proceeding which, to speak in the mildest terms, is brutal, and will always remain an opprobrium upon the operative surgery of the present century—the avulsion of the nail. The sharp-pointed blade of a strong, straight pair of scissors was thrust under the nail, down as far as its base, the nail divided in two lengthwise, and each half being seized with forceps and twisted, the nail was thus *torn out*. It is only to be regretted that this proceeding, which bids defiance to every idea of scientific operative surgery, should have been introduced by such men as Bécларd and Dupuytren. At present this cruel operation is no longer in vogue, and when the removal of the nail seems indicated, it is done by the extirpation of the part, together with the matrix, by the knife.

After these historical remarks I may be allowed to communicate the result of my own researches, and the mode of practice in in-growing nail resulting from them.

I. If we examine the diseased condition commonly called Onyxia, or In-growing Nail, in a sufficiently early stage, we shall find that the edge of the nail is surrounded with granulations which, springing up from the furrow in the skin which embraces the nail, still do not rise above the latter to any considerable extent. If we press these granulations to one side with a flat probe, we shall generally observe one or more drops of pus issuing from beneath the edge by which they were enclosed. Examining more carefully the little cavity from which the pus was pressed out, we can easily ascertain that the edge of the nail is undermined for a short distance, and is hollow, and that the granulations which furnish the pus exist also beneath it, and on the lateral border of its matrix. Since the ulcerated portion of the matrix is covered by the nail, so that only that portion of the pus next to the edge can be pressed out, while the rest of it remains collected underneath, the ulceration assumes all the characteristics of a fistula, and if left undisturbed can only with difficulty, or not at all, be cured, because the conditions under which the healing of a fistula is usually accomplished, are wanting.

Another difficulty, however, interferes with the cure, namely, the sharp edge of the nail itself, which by the treading of the patient

is pressed against the granulations which surround it, and acts precisely like a foreign body; whence the granulations soon overtop the level of the nail, and thus still more provoke the secretion of pus. Now we must remember that the ulceration which exists in the very beginning of the disease is not only seated in the fold of skin at the edge of the nail, but also under the nail itself, originating in the matrix, and hence becomes from the first a fistula. If this were not the case, and the disease consisted only in an excoriation or ulceration of the surrounding skin, caused by pressure of the edge of the nail, it would evidently soon heal if the patient remained quiet in bed for a time, and thereby removed the cause of the excoriation, namely, the pressure of the edge against the skin; which experience shows unfortunately is not the case. Moreover, if we examine the structure of the nail in the beginning of the disease, we shall generally find that it has not undergone any change of form, such as arching of its surface, and curving of its borders; the ulcerated condition of the edges of the matrix may even co-exist with a nail of perfectly normal structure and shape. It is admitted that the affection is quite possible with a faulty conformation of the nail, only deformity of the nail is not always necessary to the production of the disease in question, because many persons have very distorted nails without an ulceration of the matrix ever being thereby caused, and on the other hand the disease often exists with a perfectly normal condition of the nail.

When we inquire to what the patient ascribes his disease, we generally learn that the pressure of a too narrow shoe was the cause of it. It is possible that too great lateral pressure of the toes may perhaps cause excoriation of the skin, and favor the production of the affection, but when we see that persons are subjected to this misfortune who have been confined a long time to bed, on account of some other disease, and who consequently for a long time cannot have worn tight shoes; when we see that hundreds and thousands of people have their toes distorted and covered with corns from tight shoes, without ever suffering from in-growing nail, we may well assume that besides mechanical pressure, some other, hitherto inadequately investigated cause must exist, under the influence of which this evil arises.

II. Examining the disease in a higher degree of development, we find the exuberant granulations spreading themselves over the margin of the surface of the nail, which hence appears as if grown into them; the elevated ridge of skin bordering the edge of the nail springs from luxuriant granulations which have become covered with skin on the outer side; the secretion of pus is more abundant, the nail is undermined to a greater distance; the matrix, covered with granulations, is excessively sensitive, and the margin of the nail, surrounded by pus, exhibits the appearance of incipient maceration, its polish disappears, its aspect is dull and whitish, its consistence soft, its sharp edge sometimes split into fibres, or thin-

ned and uneven. Those who are burdened with this evil, endure it a long time, and as they walk about with it, in the beginning, the disease by degrees advances to a higher stage. At a late period there is commonly added an inflammatory redness over the joint, or over the whole toe, the ulceration becomes more painful, so that walking is excessively difficult or impossible.

III. It sometimes happens that the above-described stage of the disease lasts for a long time without taking on a malignant form, particularly if the patient be compelled on account of pain to keep his bed; but frequently there is added to it, as a further degree of development, an unhealthy condition of the ulceration, which in part or completely destroys the matrix. In such cases the ulceration often spreads rapidly on both sides, and towards the base of the nail, and destroys the surrounding skin to a greater extent, and the discolored and macerated nail is completely enclosed by an excessively painful and fetid ulcer. At the same time, the nail becomes more and more undermined, and at last, particularly when on account of the pain the part has not been kept clean, the destruction of the matrix goes on increasing, and the softened and ragged borders of the nail over-ride the deeply excavated ulceration. At last, when the matrix is wholly destroyed, the nail becomes free, and drops off.

It should be observed, that this malignant ulceration is sometimes seen in the beginning of the disease, developing itself with great rapidity; and also that it may occur not only to the toe-nails, but to the finger-nails, and particularly to the thumb-nails. This highest development of the disease has been described as a distinct affection, under the name of *paronychia maligna*; but if we keep in view its origin and development, we shall see that it is nothing but a more advanced stage, a more malignant disposition of the same disease which we call *onyxis*, or *in-growing nail*.

From what precedes we may conclude :

1st. That the affection known by the names of *onyxis* or *in-growing nail*, originates in an inflammation and ulceration of a part of the matrix of the nail, and that *paronychia maligna* is nothing more than a similar ulceration of the matrix, but of greater extent, and more rapidly destructive.

2d. That the names *onyxis*, *in-growing nail*, *onychia*, are wholly inappropriate and confusing, since the nail does not grow into the skin, but the granulations springing from the skin and from the matrix cover over and embrace the edge of the nail, without the shape of the latter being necessarily abnormal.

In accordance with these views, the treatment must be directed not so much against an abnormal shape of the nail, as to the inflammation and ulceration of the matrix, and to the peculiar local conditions which give to this ulceration the characteristics of a fistula. Hence the indication, in the first and second stages of

the disease, consists chiefly in so far exposing the ulceration beneath the nail as to convert it into an open wound, by which the accumulation of pus is prevented, and cicatrization promoted.

In the beginning of the disease this exposure of the ulceration can generally be effected by repressing the little granulations by means of a small pledget of fine lint, inserted between them and the edge of the nail, and then destroying the granulations with nitrate of silver. It is hardly necessary to add, that the patient must keep his bed, and that the foot should be somewhat elevated. The pledget should consist at first of only a few threads of well-made lint, and should be no longer than the edge of the nail. It ought to be changed at least twice daily, and be pushed carefully, with a flat probe, deeply between the nail and the granulations. In proportion as the granulations retreat, must the pledget be made thicker. If there be much tenderness of the toe, compresses wet with cold water may be employed, the lint being kept in place by a strip of adhesive plaster. When the secretion of pus is very abundant, it is a good plan to administer a cold foot-bath before applying the dressing. After this treatment has been pursued for a few days, the edge of the nail ought to become free, and the pledget of lint can now be pushed beneath the undermined portion, in order to absorb the pus as fast as secreted, and also to prevent the springing up of spongy granulations, and to hinder the contact of the edge of the nail with the surrounding parts. In this way, in the lighter form of the disease, healthy granulations will form in the bottom of the ulceration, and as the pus can escape freely, its cicatrization and healing will soon follow.

The treatment is somewhat different when the evil has existed for a longer time, and the granulations along the border of the nail have formed a high ridge, partly covered with skin, and when the edge of the nail is macerated, soft and deeply undermined. In this case, the most judicious proceeding is to seize the fungous growth with forceps, and by a crescent-shaped incision, to remove enough of it with the knife to expose the edge of the nail. The portion of the nail which is undermined, so far as it is soft and ragged, must also be cut away with seissors, if this can be done without injury to the matrix, so that the principal part of the ulceration of the latter which was formerly covered shall be laid bare. The lint may now be pushed under as much of the edge of the nail as is still overhanging, in the same manner as before, and the ulceration healed. As in many cases the edge of the nail is still undermined, and the wound shows a strong disposition to the formation of flabby granulations, the sheet-lead may here be usefully employed. It should be about half a line in thickness, from four to six lines in breadth, and of the same length as the edge of the nail, and must be so bent that when one edge is placed beneath the nail, its under surface shall conform exactly to the arch-

ing of the side of the toe; hence its under surface is concave, and its upper convex, from one edge to the other. The edge which passes beneath the nail should be cut as thin as possible, in order to slip under it easily.

This bevelling of the edge of the plate should be done at the expense of the under surface, so as not to have an inclined-plane on the upper side, which might easily slip out from beneath the edge of the nail. The bevelled edge is now to be carefully inserted beneath the undermined edge of the nail, and when the rest of the plate is adjusted to the side of the toe or finger, the nail itself will be somewhat raised, so as to give exit to the pus. In this position it must be secured by means of a strip of adhesive plaster passed round the digit, which must be renewed daily, for the sake of cleanliness. If there be pain or inflammation of the toe, bandages wet with cold water should be wrapped around it, and if there be much secretion of pus, cold foot-baths must be employed. This treatment will suffice to bring the most difficult cases of the kind to a successful termination, it being understood that the process is to be carefully and skilfully repeated every day.

In the third stage of the disease, in which the ulcerative process causes a rapid destruction of the matrix, the nail is generally surrounded not by an elevation, but by a deep ulceration, and there is no necessity for removing the former. The removal of the edge of the nail, on the other hand, seems the more important, which in this case can easily be done with the scissors, since it projects forward. If the whole nail is undermined and soft, it is to be at once removed, in order completely to expose the ulceration. Under these circumstances the patient will generally be tormented with the extreme pain of the ulceration. The best and most reliable means of relieving this pain, and at the same time of hastening the cure, consists in the employment of an elevated position of the limb, repeated cleansing of the wound, the use of compresses wet with cold water, and thorough canterization of the ulcerated surface with nitrate of silver. The wound must be washed with cold water every two or three hours, in order to remove the acrid discharge, and the cauterization with nitrate of silver must be repeated two or three times daily, according to circumstances. In this way the ulcer will soon become clean, secrete consistent pus, and produce firm, healthy granulations. After healing, if any remains of the matrix should develop a new delicate nail, this should be for a long time protected by a plate of wax, and covered with adhesive plaster, and the part be guarded from injury until the nail has acquired a proper strength and firmness.

## A CASE OF OVARIOTOMY.

REPORTED BY P. SIMONTON, M.D., OF SEARSPORT, ME.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient, Miss Mary Jane T——, of Deer Isle, Me., aged 35 years, of light complexion, middling stature, and superior intelligence, in Sept., 1859, came to reside with a sister at this place, and gave the following history of the case:—Had a fair constitution and good health up to four years ago, when she perceived an enlargement of the abdomen, gradually increasing, attended with uneasy, ill-defined sensations in that locality. In March, 1858, she was seized with severe pain in right ovarian region, continuing two or three weeks, then diffusing itself over lower abdomen, and causing, or attended with, great pain in right leg. Appetite fair; bowels generally constipated; urinary discharge scanty and attended with some difficulty; menstruation every week or two. In Sept., 1858, she consulted Dr. McRuer, of Bangor, who, after careful examination, pronounced the case ovarian tumor of right side, and advised its removal when it should assume an urgency requiring tapping. In March, 1859, she visited the Mass. General Hospital, where the case was examined by Drs. Warren, Clark and Bigelow, whose opinion as to diagnosis and treatment perfectly coincided with that of Dr. McRuer. In Sept., 1859, when the case first came under my inspection, I found her much debilitated; pulse frequent and feeble; her size and general form resembling that of full pregnancy; her breathing very difficult, owing to pressure upon the diaphragm; her mind cheerful and perfectly hopeful as to the result. Deciding to submit to an operation immediately, as her only chance for life, she selected Dr. McRuer as the operator, he having twice performed the operation in this vicinity with complete success.

*Operation*, Oct. 17, 1859. By Dr. McRuer's advice, this preparatory treatment was adopted:—24 hours before the operation, take one teaspoonful of castor oil, and one of molasses, in a cup-full of linseed tea. Diet to be common gruel, rice and toasted bread. Two hours before operation, take enema of four ounces tepid water and thirty drops of laudanum—to be retained. The air of the room having been thoroughly saturated with the vapors of water, and having a temperature of 70°, the patient was placed upon a table, the head and shoulders considerably raised, the feet resting on chairs at the end of it, and she was soon brought completely under the influence of ether by Dr. Field, of Bangor. Dr. McRuer, assisted by Drs. Hopkins of Searsport, and Haskell of Stockton, commenced the operation by a free incision along the linea alba, some twelve inches in length, between the pubes and epigastrium. Making with great care a small opening through the peritoneum, that tissue was divided on a grooved director, to

correspond with the external incision, and the tumor, lying transversely across the cavity of the abdomen, was brought freely into view, held in place by a somewhat large adhesion at its upper right angle—the separation of which was easily effected by the operator's fingers. Finding the tumor too large for the opening, it was reduced by the trochar, discharging some quarts of a thick, coffee-colored liquid. Raising the sac, and supporting it by help of his assistants just without the cavity of the abdomen, the operator proceeded to tie the pedicle, which was some inch and a half in breadth by one third of an inch in thickness, by passing a needle around with a double silken ligature through it, and tying one around each half; then dividing the pedicle, one end of each ligature was cut close to the knot, and the others brought out and left in the lower end of the incision. The lips of the wound were brought together by eight interrupted sutures, and by adhesive straps; suitable compresses were placed upon these, and a broad bandage pinned tightly over the whole. The operation, dressing the wound, &c., occupied thirty-five minutes. The patient shortly coming to her consciousness, expressed herself as quite comfortable, and as having been entirely insensible during the operation. Pulse 85—the same in frequency, but greater in force, than before the operation.

The patient was placed upon her back on a hair mattress; the knees supported at a sharp angle by a large pillow. Urine to be removed by catheter. One-grain opium pills to be given every three hours for a week, to relieve pain, if present, but chiefly to prevent alvine discharges.

First week—complains frequently of pain along track of intestines, apparently from gas; always relieved by the opium pills and anodyne injections. Pulse 90 to 100; soft. Skin moist. Feet apt to be cold. Occasional nausea and vomiting, relieved by iced water or strong coffee. Some thirst. No appetite. Sleep fair, but disturbed.

Second week—much the same as last. Wound is healed by first intention, except at points of ligature. Gave laxative injection; bowels moved without pain; micturition easy and natural after first week. Rests better. Tongue cleaning up; some appetite. Takes crust coffee, dry toast, and beef tea. Has taken one bottle of porter, and one of champagne, up to this time. Pulse 80. Feels stronger. Lies in same position as at first.

Third week—ligature remains fast. Rests well. Occasionally fugitive pains as during first week; relieved by same means. Appetite good; strength improving. Turned upon her side, causing much pain. Mild cathartics and laxative injections required every other day. Pulse 75.

Fourth week—ligature fast. Lies upon her side better. Appetite good; eats coarse bread, beef steak and vegetables; gaining flesh.



Forty-third day—ligature came away; has no pain, soreness, or anything unnatural, except occasionally slight pain in region of the liver. Sits up several hours a day, and walks about her room. Menses absent since the operation.

The tumor was multilocular in structure, the cells varying in the capacity of holding from one to five or six fluid ounces; the tumor weighed, solids and liquids, 25 lbs.

The operation revealed the entire correctness of the opinions of the several gentlemen who had examined her case, alike as to the nature and source of the tumor; and to them all—to Dr. McRuer for his skilful and successful operation, and to the surgeons of the Hospital, above referred to, for their sound judgment and very kind treatment—the patient and her friends desire me to tender their grateful acknowledgments.

*Searsport, Me., Dec. 1, 1859.*

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#### ON DISCHARGES FROM THE URETHRA NOT OF A SPECIFIC GONORRHOEAL CHARACTER.

BY JOHN HARRISON, ESQ., F.R.C.S.

It was long ago demonstrated that gonorrhœal matter comes, not, as was previously supposed, from ulcers of the lining membrane of the urethra, but, by exudation and secretion, from the inflamed mucous surface unaffected with any breach of continuity, except, perhaps we might now add, some degree of abrasion from partial exfoliation of its investing epithelium. In some instances, if I mistake not, the lacuna magna is the source of puro-mucous discharge, which frequently continues for a long time, and, so long as it does continue, is a cause of annoyance. From cases which have come under my notice, I have been led to consider this large mucous follicle as the sole source of the discharge. In other cases, again, the discharge has appeared to me to come from the cavity of a small abscess.

In gonorrhœa, abscess every now and then forms by the side of the frænum, and most frequently bursts externally, though occasionally into the urethra. In this latter case it is sometimes, I believe, the source of a chronic discharge, small perhaps in quantity, but which may continue even after the gonorrhœa has entirely ceased. Such cases are by some very likely to be considered of more importance than they really are. Again, as elsewhere mentioned, I have met with many cases of purulent discharge, confined to the front part of the urethra, and attended by a pouting, irritable state of the orifice, which patients have told me has annoyed them for months, and for which they have taken internal medicines until the stomach has been perfectly nauseated. This form of discharge is in numerous instances kept up by the constant friction of the lips of the urethra against the clothes, there being an entire or

partial paraphimosis, the prepuce being short, and the glans denuded. By merely shielding the orifice, the discharge will frequently cease in eight or ten days.

Though the most common form of inflammation of the mucous membrane of the urethra with puriform discharge is that which is excited by contact with the virus of gonorrhœa, and free from any syphilitic character, we occasionally meet with cases, beginning in the same way as ordinary gonorrhœa, and so far running a similar course, but in which, sooner or later, a small ulcer appears on the margin of the lip of the urethra, which spreads from day to day until it surrounds the entire orifice. The ulcer thus formed possesses all the characters of true syphilitic chancre, and is frequently, and that at a very early period, followed by secondary symptoms.

Other forms of inflammation of the mucous membrane of the urethra with puriform discharge, again, are met with, which are, as well as the forms just referred to, contracted by sexual intercourse, though under circumstances where there is no reason to suspect venereal taint of any kind, the cause being prolonged venereal excitement, perhaps keeping up congestion, whereby the ordinary secretion of the mucous membrane of the urethra is rendered both thicker and more copious, as in the following case: A gentleman, aged fifty-five, a frequent "diner out," and a "champagne drinker;" twice married, the first marriage a *mariage de convenance*, with a lady much older than himself; the second marriage, after five or six years' widowhood, with, I may really say, a buxom widow, much younger than himself. The third or fourth day after marriage, the gentleman suffers much heat, pain, and irritation in the urethra, with a purulent discharge. About the tenth day, the lady also experiences much irritation in the vagina, with puriform discharge. At the end of a fortnight, both husband and wife are confined to their bed, suffering from all the symptoms of gonorrhœa—the husband with inflamed glands in the groin in addition. By giving up their high living and champagne drinking, adopting a cooling regimen, with perfect quietude, and abstaining from the exciting cause, both got well again in a fortnight.

A common cause, also, is irritation from contact with what I call the natural morbid secretions of the female parts, such as leucorrhœa, lochia, &c.

In the female, discharges from the vagina, destitute of any venereal taint, are common, though capable of exciting in men who may have connexion with them inflammation of the urethra, with puriform discharge.

"Whatever," says M. Diday, "be the degree of cleanliness, the apparent health, the presumed virtue, the real virtue, even virginity of any woman, she may have leucorrhœal discharge from some cause, often very innocent—metritis, chlorosis, simple catarrh, the consequence of delivery, dysmenorrhœa, as well as from a gonor-

rhœa, however contracted. Now, simply because she has a discharge of some kind, she is in a condition to transmit a discharge to a man having intercourse with her." \*

But the forms to which I wish here to direct attention are those arising from causes wholly unconnected with sexual intercourse, or at least proximately so. Irritation being once set up in the genital organs, from any cause whatsoever—and there are many, we shall see, which tend to produce it—is accompanied with puro-mucous discharge, which may continue for an indefinite period. The discharge may be slight, and in itself harmless (provided no promiscuous intercourse take place); yet, if looked at in a wrong light, as all such discharges are liable to be, it may prove a source of much annoyance, disquietude, and suspicion. It is, therefore, of great importance that the medical attendant should be ready to clear up and explain the nature of such cases, and thus relieve the minds of patients and their friends.

The mucous membrane of the urethra, then, is subject to inflammation, with puriform discharge, from various other causes besides the venereal poison. The mechanical irritation of a bougie, or the chemical irritation of a stimulating injection into the urethra, has been found to excite inflammation with puriform discharge. Thus, I have known the injection of soap and water, or laudanum—which had been used to wash out the urethra after a promiscuous connexion, with a view to prevent gonorrhœa—occasion irritation, inflammation, and discharge. Exposure to cold also acts as an exciting cause. Herpes preputialis may extend into the urethra and give rise to ulceration there, with or without discharge, and accompanied by severe pain, especially on the introduction of a bougie.

That some discharges from the urethra are of a scrofulous origin was long ago suggested by Mr. John Hunter. Of this there can be as little doubt as that the affections of the lachrymal passages are of that nature. The rheumatic or gouty diathesis also sometimes manifests itself in urethral discharge. At any rate, in these diatheses—the scrofulous, gouty, and rheumatic—there is a predisposition of the mucous membrane of the urethra to be more readily affected, by occasional causes, with blennorrhœa, just as we find to be the case with the conjunctiva and lachrymal passages of the eye.

In stricture of the urethra and disease of the prostate we often meet with puro-mucous discharge. Cases are frequently met with, in which there is much irritation of the anterior part of the ure-

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\* We sometimes meet with puro-mucous discharge from the vagina in female children, accompanied by purulent ophthalmia; the latter, no doubt, having been excited by matter accidentally conveyed from the vagina to the eye, as happens in cases of true gonorrhœal ophthalmia. This discharge from the vagina appears sometimes to be occasioned, sympathetically, by the irritation of the rectum by ascarides, or by ascarides which have actually made their way from the anus to the vagina. Vaginal discharge in young female children is calculated to cause much alarm at first, but this may be quickly allayed by explaining the nature of the case. The treatment is simple: a dose of calomel and scammony, and the use of a weak solution of the sulphate of zinc as an injection into the vagina.

thra, attended with glairy discharge, the secretion sometimes mucopuriform, with shreds of lymph in the urine. Here the disturbance at the orifice of the urethra is symptomatic of a disordered state of the neck of the bladder and posterior part of the urethra. In these cases there is a liability every now and then to attacks of inflammation of the testicle. As the irritation at the posterior part of the urethra subsides or improves under appropriate treatment, the irritation and discharge, &c., at the orifice cease. The disordered state of the posterior part of the urethra being in the vicinity of the veru montanum and excretory ducts of the testes, swelling of the testicle, so frequently attending these cases, is accounted for by the continuity of the mucous membrane of the urethra with that of the vas deferens. Mr. Hunter mentions cases in which, from sympathy with the cutting of a tooth, all the symptoms of a gonorrhœa were produced. This happened several times in one patient. Children, indeed, are subject during dentition to a discharge from the genitals.

The endless and ever-varying changes of the urinary secretion which take place in certain morbid states of the constitution—gout, rheumatism, gravel, chronic dyspepsia, &c.—are conditions which, it must be borne in mind, exert more or less influence in producing irritation of the lining membrane of the urethra. The appearance in the urine of uric acid and urates, oxalates and ammonia, which takes place in the affections above mentioned, may be accompanied by much distress and irritation of the urinary passages, with puriform discharge. In these cases, we are too apt to look at the local disturbance alone as the disease, whereas they ought rather to be considered as symptoms expressive of the general disordered state of the system.

The gouty form of discharge may be produced by very slight excitement, is troublesome and protracted, and frequently attended with derangement at the neck of the bladder. If this form of discharge be treated as gonorrhœa, specifically, the local distress is increased, without any diminution of the discharge. These cases are liable to relapses.

In certain affections of the spinal cord, the secretion of urine is morbidly altered; whilst, in consequence of paralysis of the bladder, it cannot be evacuated without instrumental assistance. In such cases, there is congestion of the mucous membrane of the urethra, with puro-mucous discharge.

Some of the forms of diabetes are attended with urethral discomfort, with now and then a puro-mucous discharge. Piles and habitual costiveness, suppression of discharges elsewhere, cure of old eruptions, and injuries of the penis, may also give rise to discharge from the urethra.

Again, certain medicinal substances, it is well known, exert an irritating action on the urethra, and excite discharges. Terebinthinate medicines, the gum resin guaiacum, &c., have this effect.

Besides these, certain articles of diet, also, if indulged in freely, now and then occasion much irritation of the urinary organs, ardor urinæ, &c., attended with more or less puriform discharge, resembling gonorrhœa.

For instance:—A medical practitioner, thirty-four years of age, some twenty-four hours after eating largely of asparagus (about forty heads of young, green asparagus), experienced heat and burning pain along the whole track of the urethra, attended with frequent micturition, chordee, sympathetic fever, &c. On examination of the parts, the lips of the urethra were observed to be much swollen. The urine was high-colored, scanty, and strongly impregnated with the odor of asparagine. In thirty-six hours, a moderate puriform discharge from the urethra set in, having all the appearance of gonorrhœa. Under appropriate soothing treatment, all the symptoms subsided in five days.

Those who drink largely of fermented liquors are not unfrequently troubled with urethral discharge. Bavarian beer is especially said to produce this effect; cayenne pepper also.

The history of the case, its antecedents and concomitants, will suggest its true nature to the practitioner who bears in mind, as every practitioner ought to do, that discharges from the urethra are not always owing to a specific venereal cause. Considering the various circumstances, above indicated, under which simple discharges from the urethra may occur, it is obvious that no one particular mode of treatment can be laid down.

The removal, rectification, or amelioration of the conditions by which the discharge may have been excited, or on which its continuance depends, will frequently be followed by improvement or recovery; but it may be necessary, in addition, to make use of a weak astringent injection, on the same principle that we find it necessary to make use of an astringent eye-water in cases of puriform inflammation of the conjunctiva, no matter by what cause, or under what circumstances, the inflammation may have been excited.—*Lancet*.

### Bibliographical Notices.

*Proceedings and Debates of the Third National Quarantine and Sanitary Convention, held in the City of New York, in April, 1859.* New York: Edmund Jones & Co. 1859. 8vo. Pp. 728.

THIS volume we regard as one of the most valuable ever printed in this country, because it contains the opinions of competent authorities on matters most intimately related to the health, welfare and morality of the community. It is a matter of much congratulation that the great subject of hygiene has at last become the object of serious consideration among us, and that a national association, whose express object is the prevention of disease, is permanently established in our land.

Most of the reports contained in the volume before us have been already noticed in our pages. They are all of the highest practical value, being a condensation of the knowledge of the present time upon sanitary matters. Besides those made to the Convention itself, a few papers from other sources are included, among which is a translation of a report on the "Comparative value of certain methods of Disinfection," by MM. Tardieu and Cazalis, which has also been noticed by us. If we were to designate any one of the contents of the volume as of more value than the rest, it would be the draft of a Sanitary Code for Cities, by Dr. H. G. Clark, of Boston, which, for adaptation to the purposes for which it is designed, is a perfect model. We hope to see its adoption by most of our cities and towns, in proportion as the knowledge of the importance of sanitary measures is spread among us.

We cannot help expressing our appreciation of the courtesy of the Board of Councilmen of New York in printing the Proceedings of the Convention, which could hardly have been otherwise done, as there are no funds to pay for so expensive an undertaking. We feel certain that the Board never printed a document of greater public utility, and they deserve the thanks of the community for it; we only regret that the number of copies is limited.

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*A Practical Treatise on the Diagnosis, Pathology and Treatment of Diseases of the Heart.* By AUSTIN FLINT, M.D., Professor of Clinical Medicine, &c., in the New Orleans School of Medicine, &c. Philadelphia: Blanchard & Lea. 1859. 8vo. Pp. 473.

WE regret that we have had no earlier opportunity of making such a careful examination of Dr. Flint's work as should enable us to speak with confidence of its excellencies. We had hardly begun its perusal before we were strongly prepossessed in its favor, and it is with much pleasure that we can add our mite of praise to the chorus which will soon rise from the medical press in all quarters in its behalf. We do not know that Dr. Flint has written any thing which is not first-rate; but this, his latest contribution to medical literature, in our opinion surpasses all the others. The work is most comprehensive in its scope, and most sound in the views it enunciates. The descriptions are clear and methodical: the statements are substantiated by facts, and are made with such simplicity and sincerity, that without them they would carry conviction. The style is admirably clear, direct, and free from dryness. With Dr. Walshe's excellent treatise before us, we have no hesitation in saying that Dr. Flint's book is the best work on the heart in the English language. For sale by Ticknor & Co.

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*The Diagnosis, Pathology and Treatment of Diseases of the Chest.* By W. W. GERHARD, M.D., Physician to the Pennsylvania Hospital, &c. Fourth edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co. 1860. 8vo. Pp. 448.

WE are glad to see a new and enlarged edition of Dr. Gerhard's excellent work on the chest. The additions relate chiefly to the subjects of the effect of cod-liver oil in phthisis, of pneumonia, phthisis, and diseases of the heart. The experience of the author in respect to the efficacy of cod-liver oil in phthisis, only confirms the results he had previously arrived at, and which are contained in previous editions. He

considers it as one of the best nutrients which can be given, and that in that way it antagonizes phthisis to a certain degree, and sometimes puts a radical check upon the disorder, but he does not believe that its properties depend upon any specific virtue. He thinks that the remedy is not tolerated well during the hot months, in our climate, and that patients are often obliged to abandon its use, or to restrict the quantity, during the summer months. Some patients become thoroughly disgusted with the oil, after taking it for a long time. In such cases Dr. Gerhard thinks it is nearly impossible to induce them to resume its use, and rarely persists in its administration. He also thinks that other fatty matters answer very nearly the same end as cod-liver oil. We have long been persuaded of this, and in cases where patients refuse to take the oil we have employed other oleaginous substances with advantage.

In the treatment of the night-sweats of phthisis, Dr. Gerhard makes no mention of the oxide of zinc, which we have found of decided advantage in many cases, and is, we think, more to be depended upon than any other remedy. We are also surprised that while admitting the beneficial effects of alcohol in phthisis, and as a prophylactic against it, he does not speak more decidedly of the effects of whiskey, which in our estimation is hardly inferior to cod-liver oil in its efficacy—and he does not allude at all to fusel oil.

We are glad to express our high estimation of Dr. Gerhard's work. It will be found extremely useful both to the student and the practitioner. For sale by Crosby & Nichols. Price \$3.

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*Lectures on Surgical Pathology, delivered at the Royal College of Surgeons in England.* By JAMES PAGET, F.R.S., &c. Second American Edition. Philadelphia: Lindsay & Blakiston. 1860. 8vo. Pp. 700.

It is hardly necessary to call attention to this admirable work, which is rather a treatise on pathological anatomy, than surgical pathology, as it comprises the subjects of hypertrophy, atrophy, repair, inflammation, mortification, specific diseases and tumors. It is a most interesting as well as valuable work, and indispensable to the student. We are glad to see that the demand for the book has rendered a new edition necessary.

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*The Obstetric Catechism; containing two thousand three hundred and forty-seven Questions and Answers on Obstetrics proper.* By JOSEPH WARRINGTON, M.D. Philadelphia: J. B. Lippincott & Co. 1860. 12mo. Pp. 445.

This book, prepared for the use of the author's pupils, will be found of service to the student as a means of testing or reviving his knowledge of midwifery. Among so large a number of questions and answers, nearly every subject connected with obstetrics must be included. For sale by Crosby & Nichols.

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*Records of Daily Practice. A Scientific Visiting List for Physicians and Surgeons.* New York: Baillière Brothers. 12mo.

This is a convenient volume for those who are in the habit of taking bed-side notes. It is arranged so as to be carried conveniently in the pocket, and every page contains spaces for recording the name of the patient, his hygienic influences, hereditary influences, previous diseases,

es, habitual state of the functions, the history of the present disease, and the present state of the patient, including the conditions of the various functions. The new year is a good time to begin the useful practice of note-taking, and we can recommend this little volume to those who are in want of such an aid.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 15, 1859.

LIND UNIVERSITY, IN CHICAGO.—The inauguration of the Medical Department of the Lind University, in Chicago, took place Oct. 10th. The address was delivered by N. S. DAVIS, Professor of the Principles and Practice of Medicine and Clinical Medicine, and from it we gather some particulars concerning the condition of the school, and of the course of instruction to be pursued in it. There are ten active professors, all but one of whom reside in the city, and the number of students at the opening was twenty-six, of whom fourteen were in the Junior Department, and twelve in the Senior. The apartments of the school, consisting of two lecture-rooms, a laboratory, museum, dissecting-room, library and faculty-room, appear to be well furnished with all the necessary appliances. The facilities for clinical instruction appear to be ample—including opportunities for observing the diseases of children, an advantage of great value to the students, and one rarely enjoyed in connection with public institutions. The department is entirely free from debt, and the members of the faculty are wholly independent of any income to be derived from the institution for their support. We cannot doubt that the institution will have a permanent success, and be able to send forth yearly a good supply of well-educated physicians, to supply the North-West, where they are much needed.

Our object in calling attention to this institution, however, is to point out what is claimed by Dr. Davis to be a new plan for medical instruction, adopted by its professors, and which is of interest in connection with the recent meeting held in Boston for the consideration of the best method of improving our medical schools; and which may be considered preliminary to the Convention of Medical Teachers, to be held in New York, on the 1st of June next. After reviewing the course of instruction in the medical schools of Europe and this country, Dr. Davis states the peculiarities in the organization of the Lind University, which are designed to obviate some of the defects in the schools of the United States. "They are:—first, the extension of the annual college term to five months; second, the increase in the number of professorships corresponding with the number and extent of the branches actually included within the domain of modern medicine; third, the division of the term into junior and senior departments, in such a way that all students attending their first course can concentrate their attention upon the more elementary branches, and advance in their second course to the more practical; fourth, the giving of fewer lectures each day, with daily examinations, and general exami-



nations at the close of each department, thereby ensuring a much higher degree of mental discipline, and a more perfect knowledge of each branch brought under review; fifth, the elevation of clinical medicine and surgery to the rank of professorships; and the making of daily clinical instruction in the wards of a hospital a necessary part of the course in the senior department."

In an institution whose period of instruction is confined to the winter months, the above arrangement is certainly an admirable improvement upon the old routine of lectures, in which all classes of students are compelled to listen to the same prelections, no distinction being made between the kind of instruction given to beginners and to those who are more advanced. We conceive, however, that the plan adopted in the Massachusetts College is much more systematic, and calculated to afford to the student a more thorough and methodical course of medical instruction. The year is divided into two terms, one of six months and one of four months. During the former, instruction is given, by means of recitations and lectures, but chiefly the former, in the various branches, beginning with the most elementary—anatomy, including dissecting, chemistry, physiology and materia medica—and including for more advanced students, midwifery, surgery, pathology, and theory and practice. The second term is devoted to lectures, which average four or five daily, leaving ample time for dissecting in the afternoon, besides attendance at the Dispensary, and voluntary conferences. Clinical instruction is not only a necessary part of the course of instruction during the winter course of lectures, but is given throughout the year, with the exception of the months of August and September.

Dr. Davis does not inform us in what manner the degrees are conferred by the Lind University, whether upon the recommendation of the professors, or whether the candidates are examined by judges appointed by other powers, or in the presence of delegates appointed by the State Society. We presume this matter will form a subject of discussion at the meeting of the convention of teachers.

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IN-GROWING NAIL.—We publish in to-day's number the translation of an interesting article by Dr. LORINSER, of Vienna, on this affection, often one of the most troublesome we are called on to treat, and sometimes a source of great torment to the patient. We regard Dr. Lorinser's view of the nature of the disease, namely, its resemblance, pathologically speaking, to fistula, as extremely plausible, and likely to lead to an improved mode of treatment. The old and barbarous method of tearing out the nail was usually followed by cure, for the very reason that it exposed the sinus to the full extent; but the method recommended by the Viennese surgeon is infinitely preferable, and requires no longer delay, if we consider the length of time it takes the nail to grow from the bottom, during which the patient, if not compelled to forego walking, must exercise extreme care to prevent a recurrence of the disease.

In many cases of moderate severity, we have succeeded in effecting a cure by means of the following very simple contrivance, which will not prevent the patient from using exercise. A piece of soft felt, such as is used by pianoforte makers, about half an inch thick, is cut into a wedge shape, and inserted between the great toe and the second, the point forwards. The size of the wedge must be regulated by the circumstances of the case, the object being to separate the toes, so as to

remove the pressure of the second toe against the internal angle of the great toe-nail, care being taken that the toes are not pushed too far apart. The nail should be allowed to grow to the end of the toe, and the internal corner must not be pared away, as is often done. The sole of the patient's shoe should be broad at the extremity. Although this method will not cure a case which has become aggravated by neglect, yet it is often successful, if carefully applied in time. We regret that we cannot remember to whom we are indebted for this suggestion, which has often afforded us most satisfactory results. We need not add, that daily bathing of the feet in cold water is a most useful prophylaxis against this distressing infirmity.

RATIONAL TREATMENT OF DISEASE.—The following propositions form the conclusion of a long paper read by M. Piorry before the French Imperial Academy of Medicine, in May and June last:—

1. The treatment of disease is founded, almost entirely, on our knowledge of anatomy and physiology, aided by physical and chemical facts, and matured by clinical observation.

2. Positive therapeutics can only be established upon such knowledge as shall enable us to appreciate the causes, the development and the effects of lesions which have been previously verified by a rigorously exact diagnosis.

3. Rationalism, which ever since Descartes, has been the method followed by genuine observers, must be the foundation of medicine, as it is of the other natural sciences.

4. Before seeking new remedies for a disease, we must learn to define exactly the existing organic and physiologic condition of the system, and carefully study the effects of known medicaments and hygienic agents upon this condition.

5. By far the greater part of the progress of therapeutics is due to medical rationalism guided by exactness of diagnosis.

6. Specific medicines, that is, those which are applied to an unknown cause of disease, and which are only discovered by accident, are very few, and ought only to be adopted in practice when they are indicated by rationalism and the most positive diagnosis.

7. Some physicians err in censuring rational medicine (from which results a system of therapeutics characterized by good sense), in order to extol the treatment by specifics, which has no other foundation than accident, and is only supported by the fancy and credulity of an ignorant public, who are the enemies of science, and who are easily seduced by the marvels of mysticism, and by deceitful promises.

EXCORIATED NIPPLES.—*Messrs. Editors*,—I have seen the stramonium ointment, as well as the whole list of astringent and stimulating preparations, used for the above-named complaint, but no other preparation which I have seen used has been so universally followed by good results, as that made after the following prescription:—*R.* Acid. tannic, gr. xx; glycerinæ, alcohol, aa ʒi. *M.* The result of my experience with this preparation, has been such, that I am confident if women who are afflicted with this distressing complaint would make a prompt use of this mixture, they might, in almost every instance, avoid resorting to that "*disagreeable alternative*," the use of the shield.

S. N. PIERCE, M.D.

Cedar Falls, Iowa.

THE CHICAGO MEDICAL EXAMINER is the title of a new journal, edited by Dr. N. S. DAVIS, Professor of Principles and Practice of Medicine and Clinical Medicine, in the Medical Department of Lind University, and E. A. STEELE, M.D. It professes to be liberal in its sentiments, though strictly legitimate, and to have for its paramount object the upbuilding of the profession by the advancement of its practical, scientific, social and educational interests. As the editors say, there is material enough in Chicago for a good journal, and we believe the editors are capable of amply supplying the wants of the medical public. The first number contains the inaugural address of Professor DAVIS, and several other interesting articles. The EXAMINER will be issued monthly, at two dollars per annum. Each number will contain 64 pages. We wish the editors all success.

GLASGOW EYE INFIRMARY.—*Testimonial to Dr. Mackenzie.*—It having been resolved some time ago to mark the estimation in which the eminent oculist, Dr. Mackenzie, is held for his faithful and gratuitous services in connection with the Glasgow Eye Infirmary during the period of its existence, an interesting meeting of the directors, subscribers, and other friends, was held in the institution on Thursday afternoon, on the occasion of a striking and beautifully-finished portrait of Dr. Mackenzie, painted by Mr. Daniel Macknee, being placed in the directors' room. In the regretted absence, from indisposition, of the president, Mr. Dalglish, M.P., Mr. John Jamieson was, on the motion of Dr. Gillan, called to the chair.

The Chairman, in a neat and appropriate address, said "he had great pleasure, in the name of the directors, in presenting Dr. Mackenzie with the admirable portrait of him now placed on the walls of the institution: and while they rejoiced to see so good a likeness, they hoped they might long have the reality spared to them to continue his valuable services to the institution."—(Cheers.)

Dr. Mackenzie was cordially received, and after giving a lucid historic sketch of the institution, concluded as follows:—"I beg to return my sincerest thanks to the directors for their kindness in placing my portrait on the walls of the Eye Infirmary. My thanks are especially due to the gentlemen of the Committee to whom this matter was entrusted—Messrs. Dale, Jamieson, Paterson, and James Crum. I also owe a debt of gratitude to Mr. Macknee, for the great pains he has taken in painting the portrait. Such productions of the pencil, superficial observers are apt to regard as the result of a very artificial or even luxurious state of society, forgetting the maxim that "Art is Nature"—forgetting that it is Nature that first called forth such memorials of respect or affection, and which bids us regard them with pleasure. It has been well said, that to tell a man that he shall be forgot is one of the heaviest stones that can be thrown at him. How flattering, then, to think that after those eyes, which had long and often wearied themselves in examining the pained and lustreless eyes of others, shall themselves have become dim, their semblance shall still, and for a long period to come, beam forth no lifeless expression from the canvas of one so skilled in his beautiful art as our accomplished friend Mr. Macknee! I have only again to thank the directors for their great kindness on this and on many other occasions, and to assure them that while I live I shall never cease my endeavors to promote the interests of the institution over which they preside."

Addresses were delivered by the Rev. Dr. Gillan, Dr. Watson, Dr. Andw. Anderson, Mr. Dale, and Dr. Joshua Paterson. The distribution of cake and wine terminated the proceedings.—*Wigtownshire Free Press*, Oct. 13.

**GASTROTOMY.**—The *Medical News and Library* says that this operation has been performed five times, but that in no case did the patient survive. It was twice done by Sédillot, once by M. Senger, of Copenhagen, twice by Mr. C. Foster, and once by Mr. S. Jones. Several years ago we reported, on the authority of the Wapello, Iowa, *Intelligencer*, of March 9, 1855, a case in which this operation was performed on a patient who had accidentally swallowed a bar of lead eleven inches in length, while attempting to perform the feat of sticking it down his throat. At the last accounts the patient was rapidly recovering. We have no means of verifying the truth of this statement, which certainly seems almost incredible. The name of the operator was Dr. Bell, of Wapello. In the Philadelphia *Medical Examiner* for February, 1855, is a report of the case of a man who swallowed a stick more than ten inches in length, and which was plainly felt in the stomach. An abscess formed, and discharged, making a fistulous opening into the stomach, through which the stick was extracted. The man recovered, and lived seventeen years afterward.

**HEALTH OF THE CITY.**—The deaths of males and females were nearly balanced, last week. The most noticeable feature in the mortality was 7 deaths from smallpox, 5 males, aged 8 months, and 2, 23, 29 and 30 years; and 2 females, aged 3 months and 16 years. These deaths include 1 by varioloid. There was 1 death reported by diphtheria, a female, aged 3 months. The deaths by consumption were of 3 males and 8 females. The number of deaths for the corresponding week of 1858, was 60, of which 13 were from consumption, 8 from pneumonia, 0 from smallpox.

**THE MEDICAL LIBEL CASE.**—We see it stated in the papers that the suit brought by Dr. Barrows, of Providence, to recover damages of \$10,000 from Dr. Carpenter, of Attleboro', for alleged libel, has been decided in favor of the defendant.

We will comply, next week, with the request of several of our correspondents in Maine.

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*Books and Pamphlets Received.*—Fifth Registration Report of the State of South Carolina. Charter and By-Laws of the Marshall Infirmary, of Troy. The Subjective and Objective Influences of Medicine; An Address before the Shelby Medical College, by E. B. Haskins, M.D. Effect of Pressure upon Ulcerated Vertebrae, by H. G. Davis, M.D.

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**MARRIED.**—In this City, Nov. 16th, E. W. Sanford, M.D., to Ellen Davis, daughter of N. D. Hyde, Esq., all of Boston.—In Andover, Dec. 1, E. Hervey Quimby, M.D., of Salem, to Miss R. Georgetta, daughter of George Foster, Esq., of A.

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**DIED.**—At Andover, 8th inst., Dr. Eastman Sanborn, aged 59 years.

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**Deaths in Boston** for the week ending Saturday noon, December 10th, 53. Males, 27—Females, 26.—Apoplexy, 2—consumption, 11—convulsions, 1—croup, 2—dropsy, 3—dropsy in the head, 2—remittent fever, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 4—disease of the liver, 1—marasmus, 1—pleurisy, 1—scrofula, 1—smallpox, 7—sore throat (diphtheria, 1—disease of the spine, 1—teething, 1—tumor (rectum), 1—ulceration of the intestines, 1—unknown, 5—whooping cough, 1.

Under 5 years, 23—between 5 and 20 years, 3—between 20 and 40 years, 14—between 40 and 60 years, 9—above 60 years, 4. Born in the United States, 34—Ireland, 11—other places, 6.

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No. 21.

## MEMBRANOUS CROUP—TRACHEOTOMY—DEATH.

BY GEO. H. GAY, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

WALTER CREIGHTON, æt. 3 years and 1 month, had not been well for some time previous to this attack of croup. On Sunday, Nov. 6th, he had a fit, and on the same day it was noticed that there was a swelling, not tender to the touch, under both ears. The next day (Monday), he coughed a little and was supposed to have taken a slight cold. At night, about 9½ o'clock, after being asleep for ten minutes or more, he suddenly jumped up in the bed, drew in his breath with great difficulty, and said there was something in his throat and that he could not breathe. He struggled and tossed about for some time, in great distress, and asked for an emetic. An emetic was given, and he vomited three or four times, but without relief. At 4, A.M., Tuesday, he took some antimony. During the day he did not feel like having his clothes on. Swallowing was painful, the cough was frequent and at times loose, the voice weak, hoarse and inclined to a whisper, the breathing labored and at times noisy. He had been almost constantly in his mother's arms since Sunday. On Wednesday, the 9th, he was worse. At 3, P.M., I saw him with Dr. Read, the attending physician. At that time there was membrane on the tip of the uvula and on both tonsils. There was none elsewhere, as far as could be seen. The edges of both nostrils were excoriated, and the skin, from there to the mucous membrane of the lip, was inflamed as in scarlatina. He evidently had membranous croup. The voice was a whisper, the cough hoarse and generally loose, the breathing croup-like, not much labored nor quick, nor indicating much obstruction to the passage of air. His general appearance was pretty good. Percussion of chest was resonant. The urine was tested by nitric acid and heat, but no albumen was found. Directions were given for steam in the room, nit. argent. to throat, Dover's powder gr. ij. every two or three hours, p. r. n. During the night, there were three or four suffocative paroxysms of cough.

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ing, with great difficulty of getting breath. Thursday morning the symptoms were increasing in severity. Just after noon, the suffocative paroxysms came on every half hour, whenever he roused or moved about. There was also a frequent inclination to vomit, with the feeling as if there was something in the throat to come up. In these paroxysms, the head was thrown back, the arms strongly flexed and spasmodically stiff, the face livid, the countenance wild, and constant struggling to get breath. At 5½, P.M., the voice and cough were nearly extinct, and the breathing was more and more obstructed and labored. The pulse was 140, small.

Tracheotomy was immediately urged, and performed at 6, P.M., with the assistance of Drs. Read and Buckingham. The trachea was kept open by the dilator till the usual coughing had somewhat subsided, to allow a more free and easy passage of whatever was then ready to be expelled, before inserting and securing the tube. A piece of membrane, over two inches long and a quarter of an inch wide, was forced out, and several smaller pieces, together with some bloody, viscid mucus. The respiration was soon comparatively quiet, and without any labor. In addition to the previous directions, which were to be continued, it was ordered, in writing, to inject through the tube into the trachea about twenty drops of the sol. nit. argent., and repeat it every four hours; to remove and clean the inner tube at least every hour, or oftener whenever it appeared obstructed. If the respiration became dry, squeaky and labored, about ten drops of tepid water were to be syringed into the trachea. Two or three folds of lace to be kept over the opening of the tube.

10, P.M. Patient appears to be doing well. Has rested pretty quietly and slept a few moments. Many pieces of membrane have been raised through the tube. Pulse 132. The cough is not very frequent. The respiration is easy, and the lungs sound pretty well. The sol. nit. argent. ordered to be used at 12 and at 6, A.M. A Dover's powder at 1 and at 6, A.M.

11th (Friday). Had a pretty good night. The tube was frequently removed, cleaned and replaced without any disturbance to patient. Many pieces of membrane and much viscid mucus were raised through the tube. Took some beef tea and some wine and water.

Has not been so well since early this morning. At 9, A.M., the countenance has an asphyxiated look. The respiration is dry, hoarse and hurried. The pulse was 152. Both tubes were taken out. A flapping sound was immediately heard, and a piece of membrane was seen moving about in the trachea during the coughing. This was seized by the forceps, and not coming away, it was drawn out and removed by the scissors. Immediately there was a free hæmorrhage, of an ounce or more, into the trachea. The patient instantly became deadly pale, and there was a profuse perspiration

over the face and body. The struggle for breath was very distressing. By turning the body on its side and raising it a little, the blood and mucus were soon expelled from the trachea. Some hot brandy and water was then given, and in a few moments he rallied and looked brighter and better than at any time during the morning. Directions were then given to persist in giving beef tea and other nourishment. The respiration was easier, and at times the alæ nasi were dilated, but no air could be felt through them. In the middle of the forenoon he took a Dover's powder, and slept quietly for a little while. At 1 o'clock he had raised many pieces of membrane from the tube, with some blood (not fresh).

9½, P.M. Respiration has been pretty quiet and easy most of the P.M. At times it has been dry and squeaky, and labored. The tube has been removed every hour and oftener. The sol. nit. argent. has been used once or twice, the tepid water several times, with much relief and always followed by expulsion of membrane and mucus. The membrane is softer, as if decomposing, and has a yellowish tinge to the usually white look. Pulse 138. Has taken sufficient nourishment. The bleeding of this morning does not seem to have affected him injuriously.

12th (Saturday). Had a pretty comfortable night, and slept some. The cough, respiration and expectoration were about the same. To-day, 9, A.M., countenance is more natural. Pulse 132. Respiration easy, and at times very quiet. Many bubbling râles, mostly in trachea. The membrane expelled to-day is in lumps, as if rolled up, and is beginning to look yellow. Some of the mucus raised is very viscid, requiring a long coughing before it is expelled. A fine scarlatinoid eruption is seen on chest and abdomen, none on the extremities. Skin moist and soft. Tongue cleaner, and moist. Takes nourishment well. Is quieted by the Dover's powder.

9½, P.M. Seems to be gaining strength. Has had some good sleep this P.M. No albumen in urine. After one of the paroxysms of coughing, vomited a large quantity of liquid with some membrane in it, by the report of the mother. Has used his playthings a little while. There have not been to-day so many of those dry, labored paroxysms of coughing. The inner tube has been removed very frequently to wash away the viscid, gummy deposit.

13th (Sunday). Was comfortable during most of the night. Had some naps one hour long. The tube was cleaned often. Great relief always followed the injection of tepid water, which has been done about ten times in the twenty-four hours, and only when the breathing was dry, squeaky, labored, and attended with some symptoms of asphyxia. A large lump of membrane is invariably ejected after it.

He retched and vomited once in the night, probably from the separation of membrane about the glottis. The mother says that membrane has been raised from the mouth.

9, A.M. Still comfortable. Respiration easy, not quick, nor noisy. Cough loose. Expectoration more purulent-looking. Masses are raised up, almost decomposed, yellowish and with longitudinal stripes and furrows. Tongue cleaning. Pulse 132. Scarlatinoid eruption fainter. Asks for nourishment. Uses his playthings. Can articulate words so as to be heard.

9½, P.M. Has had a better day than yesterday. The cough is less. Tube removed about every two hours, generally pretty clean. Occasionally the tepid water is used. Respiration easy. The mother reports that the breath and what is raised to-day, smells bad. There are now no distinct pieces of membrane, but masses in lumps looking like thick, whitish yellow porridge. Took some inf. gentian c. and iodid. potass.

14th (Monday). At times, last night, patient was in much distress. The tepid water injection was used every two hours, and always with relief; the tube was changed every hour. To-day, 9, A.M., patient is generally more quiet. The expectoration is more purulent, and not so offensive, though still copious and in lumps. The respiration is good. Pulse as before. Tongue cleaning. Has had frequent retchings. Some milk and water that he drank this morning came out of the tube for the first time. Has taken some wine and water, although he dislikes all drinks, probably because they excite coughing. The eruption is about gone.

15th (Tuesday). Did not seem much disposed to use his playthings yesterday P.M. Had a better night; slept one hour at a time. To-day, 9, A.M., as comfortable, though still quiet. Some bloody expectoration, probably from the separation of membrane. The most of what is forced through tube is thick and purulent, with an occasional offensive odor. Does not take nourishment well, though attempts are made to try his taste on different things, such as weak shells, wine whey, gruel, toast and barley water.

Has been pretty quiet through the day and evening. Pulse ranged from 120 to 132. There was a slight blush on cheek in the evening.

16th (Wednesday). Had a quiet night. The tube was changed three times between 1 and 5 this A.M. To-day the respiration is easy and silent. The cough is less. The expectoration is less, still purulent and slightly offensive; occasionally it is bloody. Through the day has remained quiet without wanting his playthings. Has had several naps, one hour long. Is sleeping quietly now, 9½, P.M. Pulse 130. Asked for milk and water.

17th (Thursday). Mother reports that yesterday P.M. some of the expectoration was dark red and purulent. Had a comfortable night, sleeping two hours at a time. Is gaining strength. The face has a good color. Respiration is inaudible. Tongue is of good color. The cough is much less. Mother says she saw something white coughed up into the mouth, and immediately swallowed. The expectoration is thin and yellow, and without odor.



The tube is still changed every one or two hours. The tepid water is seldom used now.

18th (Friday). Had a good night. The tube was changed five times since 9, P.M. Countenance bright. Pulse 132. Respiration easy and noiseless. Both tubes permanently removed. The wound has a perfectly healthy look. Is rather disinclined to nourishment.

1, P.M. Within the last hour has sunk suddenly away, without any visible cause. He is now, to appearance, nearly moribund. The pulse is with difficulty felt at the wrist. The respiration is perfectly noiseless and without the least effort. At short intervals there is some general restlessness. Wine and water, and beef tea, by the mouth and per anum, were prescribed and given.

19th (Saturday). The sinking state increased very slowly, and he died easily at 3, A.M., nine days and nine hours since the operation. No post-mortem examination was allowed.

Though this case was unfavorable and unexpected in its result, there are many interesting points attached to it, showing that, even after tracheotomy has been performed, it is not all plain and smooth sailing, unattended with danger to the patient and anxiety to the parents and surgeon.

A few remarks may be here made, bearing upon some of the prominent and practical features which come up from day to day.

*Steam.*—Its effect may be well judged of from the remark of attendants, that if there is less than there should be, the patient soon chokes up and complains of more or less dryness in the throat, followed, if unrelieved, by a distressed look and an asphyxiated condition, all of which generally disappears the moment there is a sufficient supply.

*Dover's Powder.*—This unquestionably produced a powerful and beneficial influence both before and subsequent to the operation, in quieting the nervous irritability and the tendency to coughing, and in producing sleep, all of which would go to prevent that exhaustion of the strength and constitutional disturbance, which a waking state under the circumstances would greatly increase. *Syr. papaveris*, *paregoric* or *laudanum*, may produce the same results.

*Tube (inner).*—It should be removed *at any time*, when there is *an obstruction*. In the majority of cases, it is also advisable to remove and clean it about every hour, during the first twenty-four hours, and sometimes as often afterward, as the individual case may demand. Viscid mucus, a gummy deposit or pieces of membrane, may in a short time bring on a troublesome obstruction.

*Both tubes* should be removed whenever the obstruction does not cease on removing the inner one, and, if it still continues, a few drops of tepid water injected into the trachea will almost always displace it. The same should be done the day after the

operation, in order to allow a more free escape of detached membrane and mucus, above and below the wound.

Retching and choking have been noticed in nearly all the patients, two, three or four days, or later, after the operation, and have been supposed to be connected with detached membrane in the upper part of the larynx, and about the epiglottis. When this occurs, remove both tubes, and membrane will probably be expelled both from the mouth and wound. In this patient, the inner tube has been removed twenty-four times, in twenty-four hours, without any disturbance or discomfort to him, and occasionally even when asleep.

In a patient operated upon a year ago, on a Sunday, there was this troublesome retching on Tuesday; and on removing both tubes a piece of membrane two or three inches long, mostly solid, and with a tongue-shape epiglottis, was expelled from the wound.

*Sol. Nit. Argent.*—The injection of this always gave relief, and expelled more or less membrane.

*Tepid Water.*—A few drops of this was injected into the trachea, when there was a dry, squeaky cough, labored respiration and an asphyxiated look, particularly if coming on suddenly. In every instance it was followed by the expulsion of lumps of membrane, which had probably obstructed a bronchial tube. The relief was also immediate. There was a necessity one day to do it ten times in twenty-four hours, and always with the same result. This is too often to use the sol. nit. argent., unless it is very weak.

*Membrane in lumps.*—This has been noticed in some of my previous cases. It was not so soft at first, but that the flat, ribbed membrane could be seen. There was soon a greater degree of softening, like thick porridge or curd, as if rolled in lumps during the process of expulsion, of a decomposed and offensive odor, and of a dingy white yellow, instead of the natural white color. The air from the trachea had the same offensive odor. From the various stages in which these lumps have been seen, it is undoubtedly decomposed membrane. I have not examined as yet to see if there is any reported case where this offensive odor of the expectoration and breath has been noticed after tracheotomy, and *during life*. Mention has been made of it in *post-mortem examinations*, where with this thick, porridge mass, and offensive odor, has been seen small fragments of membrane in the smaller bronchial tubes.

*Eruption.*—In this patient it looked very much like the eruption of scarlatina. In Paris, other forms have been seen, such as urticaria and measles.

*Albumen.*—None was found in the urine at any time.

*Hæmorrhage.*—This was certainly very singular, and very difficult to explain. There was unquestionably something producing a bad effect upon the system previous to the removal of the tubes.

When they were removed, a substance looking like thin flat membrane was seen, moving about in the trachea. On seizing it with the forceps, gentle traction was not sufficient to bring it away, and it was cut off by the scissors and followed by that sudden gush of blood. The sudden stoppage of the bleeding and its non-recurrence are also singular circumstances, together with the subsequent great relief, whether owing to the bleeding or removal of the membrane.

*Sudden Sinking.*—This remains unexplained, particularly as he was so comfortable in the morning, and afterward showed no symptom of any pulmonary difficulty.

## ON HERMAPHRODITISM.

[Communicated for the Boston Medical and Surgical Journal.]

A HERMAPHRODITE is an animal or plant uniting in itself the sexual characters of the male and female. The name is derived from the fable of the union into one of the bodies of Hermaphroditus and Salmacis. There are two kinds of hermaphroditism, the spurious and the true: in the former there is only an appearance, from arrest or excess of development, of a union of opposite sexual characters; in the latter, there is an actual coexistence in the same individual of more or less of both male and female organs; the former may occur in either sex, and in the latter the male or female may preponderate. Spurious hermaphroditism in the female may depend on the preternatural size of the clitoris, from a continuation of its growth in intra-uterine proportions, and on prolapsus of the uterus, both of which have assumed the appearance of the male organ; the former is most common in warm climates (especially in Africa), and was well known to the ancient Greeks; the celebrated poetess, *Mascula Sappho*, is said to have been included in this class. This condition is often complicated with other anomalies of structure and character, which approximate the female still more to the male in appearance; this kind of malformation has been often noticed in monkeys and in the lower mammals. Cases of supposed hermaphroditism from prolapsed womb are on record, though none such have been observed in the lower animals. Spurious hermaphroditism in the male may arise from extroversion of the bladder, adhesion of the penis to the scrotum, or most commonly, from fissure in the perinæum, urethra, penis, or glans (*hypospadias*), from arrest of development of the male sexual organs. Cases of hypospadiac males passing for females have been not uncommon; some of the lower mammals, horses especially, are subject to a similar malformation. True hermaphroditism is the normal type of sexual structure in almost all phanogamic plants, the reproductive organs being either upon the same flower or upon different flowers on the same individual; and this

condition is sometimes found as a monstrosity in dioecious plants. Perfect hermaphroditism exists also normally in many invertebrate animals, as, according to Siebold, in the *ctenophora* among *acalephæ*; the *cestodes* (tapeworms) and *trematodes* among *helminthes*; *planaria*; *hirudinei* (leeches), and *lumbricini* (earth worms) among *annelids*; some acephalous and cephaloferous mollusks; cirripeds among crustaceans; and the *tardigrada* among *arachnoids*; it does not exist in insects, unless as a monstrosity—in some of these, as in the *trematodes* and *planariæ*, each individual may be self-impregnating, but generally the sexual act is accomplished by two individuals, respectively impregnating each other. True hermaphroditism, which may occur abnormally in the higher invertebrates and in all vertebrates, is divided by Dr. Simpson (*“Cyclopædia of Anatomy and Physiology,”* Vol. 2) into the lateral, transverse, and double or vertical. In the lateral form, if we adopt the opinion that the two halves of the body and its organs are originally developed independently of each other, it may be understood how an ovary might be formed on one side and a testicle on the other, or how female might coexist with male organs; instances of this form are given in the books in insects, crustaceans, fishes, birds, and mammals, with more or less evidence of authenticity. In the human system, with the alleged occurrence of a testis on one side and an ovary on the other, there has generally coexisted a more or less perfectly formed uterus, the external parts presenting a male, female, or indeterminate character; the left side appears to be the one on which the female sexual type is most frequently found; Dr. Simpson gives five cases in which the left side, and only one in which the right side was female. In transverse hermaphroditism, the internal or reproductive sexual organs may be of the male type, and the external or copulative female, or *vice versa*; showing that these two portions of the generative organs are, to a certain extent, independent in their development; in female transverse hermaphroditism, the external organs consist of clitoris, labia, and vagina, with more or less rudimentary uterus; and the internal organs are testicles, with *vasa deferentia* and *vesiculæ seminales*; it is not uncommon in cattle, which are called “free martins,” but is rare in the human subject. In Dr. Simpson’s paper is an interesting case which occurred at Naples, presenting a perfect example of the anomaly; many spurious cases of hypospadiæ males have been referred to this variety. In male transverse hermaphroditism, the external organs consist of penis with prepuce, glans, corpora cavernosa, corpus spongiosum, prostate gland, &c.; and the internal organs are ovaries, Fallopian tubes, and uterus; leaving out of the question the spurious cases connected with enlarged clitoris, these examples are not recorded as occurring among animals and rarely in man. Dr. Simpson details two remarkable cases, one examined by Eschricht of Copenhagen, and the other by Bouillaud of Paris.

In double or vertical hermaphroditism, there is actual coexistence of two or more analogous organs of the two sexes on the same side or in the same vertical line of the body, or at a given point the sexual apparatus is double. In a general female type, bodies resembling ovaries and an imperfect uterus may exist with seminal vesicles, with or without rudimentary deferent ducts; sometimes seen in free martins. With a sexual organization essentially male, may exist an imperfect uterus with Fallopian tubes; this is not uncommon both in animals and man, complicated in the latter often with hypospadias. Cases are on record of the coexistence of testis and ovary on one or both sides; but the evidence in these always lacks some essential point necessary to render the fact beyond dispute, at least in the human subject. A very interesting but not perfectly satisfactory case of hermaphroditism is described and figured by Dr. J. Mason Warren, in the "*American Journal of the Medical Sciences*" (Philadelphia, July, 1859, p. 123). It cannot be called a case of true double hermaphroditism, nor could it come under the division of lateral hermaphroditism; it may be styled, in the language of Dr. Simpson, a true male transverse hermaphroditism, with a spurious hermaphroditism in the external organs from hypospadias. The external characters were strikingly male, though sexual desire was uncertain; of the occurrence of seminal emission or of menstrual discharge, nothing whatever is known. All the internal organs were female, except the prostate. Mammary development is not peculiar to the female, but has been noticed frequently in males whose reproductive organs and functions were perfect. The influence of this hermaphroditic arrest and excess of development upon the mental and moral qualities of the sexes, is very interesting in many practical points of view. When, in quadrupeds, or birds, especially in the gallinaceous genera of the latter, the ovaries have ceased, from age, removal or disease, to perform their functions, the female animal begins to assume the appearance, the habits, and the qualities of the male; female deer, for instance, under such circumstances, may assume the horns, hair, shape, odor, and even desires of the males; hens, barren and useless, with diseased ovaries, are apt to crow like cocks, and acquire the tail feathers and spurs of the males. In like manner, the human female, with permanent suppression of catamenia and barren from non-development, disease, or age, loses the feminine cast of character, and becomes more or less masculine in features, form, voice, and habits of thought and action; these *viragines*, as the Romans styled them, with hair on the face, harsh tones and coarse expressions, graceless forms, and love for the dress and pursuits of man, are seen in modern times attempting to carry out various unpopular reformatory movements. Physiology and pathology strongly hints that the masculine tendencies of female reformers proceed less from superior mental strength than from an abnormal condition of the reproductive system; and experience shows that

it is ordinarily not the faithful mother and the loving wife, but the childless and the lonely, who thus willingly or necessarily unsex themselves; it seems to be a question between the fruitful vine and the barren fig tree. So, disease or removal of the testes reduces man to an effeminate maker of bonnets or worker of slippers, sweet-voiced tenor, or guardian of imprisoned sultanas. These facts are intimately connected with the mental, physical, and moral qualities of hermaphrodites; at puberty the male passes to a higher degree of sexual development, while the female retains more of the qualities common to the young of both sexes. Hence the male is said to be physiologically more perfect as regards the individual type, and the female more perfect as regards the species; hence, too, the malformation of the female sexual parts so as to resemble the male is almost always the effect of excess of development, while male hermaphrodites resembling the female almost always display a deficiency of development. In spurious hermaphroditism there is not a new and entirely anomalous type of structure, but a repetition of what is the natural condition in the human fœtus and in the lower animals; the hypospadiac condition resembles that in the sloths, some rodents, most birds, and the ophidian and saurian reptiles; so that the subject is intimately connected with the study of embryology and comparative anatomy. The testes correspond to the ovaries in their relative sexual functions, in their primitive origin on the side of the Wolffian bodies, and, according to Valentin, in appearance and structure in the early periods of development; in the same manner, the other male sexual organs have their analogues in the female, for details on which we must refer to Dr. Simpson's paper, to the work of Geoffroy St. Hilaire, "*Histoire des Anomalies de l'Organisation*" (Paris, 1836), and to the article "*Vesicula Prostatica*," by Leukhardt, in Vol. 4 of the "*Cyclopædia of Anatomy and Physiology*." It is now generally admitted that there are occasional cases of a combination of the male and female organs in the same individual; though most physiologists doubt the existence of hermaphroditism involving true sexual duplicity or repetition of corresponding male and female parts. In the cases of double hermaphroditism, there has always been some important link wanting in the chain of evidence adduced in favor of the coexistence of testes and ovaries in one person. In cases of spurious hermaphroditism, though the internal organs are well developed, the external parts may or may not allow of the reproductive act; and in the true cases of this malformation, there is no authentic record of the reproductive function having been performed in either sex in the vertebrate animal. Of the causes of hermaphroditism, beyond an arrest or excess of development, almost nothing is known; some forms, especially hypospadiac malformations, are often hereditary. In double monsters, there is rarely if ever hermaphroditism, the genital organs of both bodies being almost always either

both female, or both male. For full details on the whole subject, the reader is referred to the paper by Dr. J. Y. Simpson, in Vol. 2 of the "*Cyclopædia of Anatomy and Physiology*," article *Her-maphroditism*; and the same, with additions, in Vol. 2 of the Philadelphia edition of his "*Obstetrical Memoirs and Contributions*;" a very full bibliography is appended to the essay.

S. K., Jr.

#### PAIN AS A SIGN OF DISEASE OF THE STOMACH.

[At a meeting of the Medical Society of London, held Nov. 14th, the following paper was read by Dr. Habershon:]

The author first spoke of the general absence of pain in disease of the mucous membranes, except where the orifices of their canals were affected; and of the very frequent immunity from actual suffering in many morbid states of parenchymatous viscera. But in serous membranes an opposite condition was found to occur, almost any change, and especially those of a sudden or acute kind, being accompanied by severe and agonizing pain; and of such a character and severity as to demand perfect rest, this rest being a very essential element in the alleviation of the disease. In pericarditis, on the contrary, when occurring without pleurisy, pain was very frequently entirely absent, as for many years shown by Dr. Addison; and rest in this case would be impossible. The immediate object of the communication being the consideration of *pain* in connection with *disease of the stomach*, he proceeded to show its value as an indication, or non-indication, of disease of that organ, by several propositions:—

1. That acute so-called inflammation and disease of the stomach may be entirely free from pain, if the mucous membrane only be affected. Reference was made to the gastro-enteritis of children, and to the symptoms of irritant poisoning. Several instances were adduced, in one of which a large dose of oxalic acid was taken; and except pain in the mouth and throat, there was no suffering, but the patient completely recovered. In a second, a case of poisoning by sulphuric acid, the patient lived eleven days; but except that arising from the action of the acid on the mouth and throat, there was no evidence of suffering, or of pain, tenderness, &c., at the stomach. The whole of the mucous membrane was destroyed, but the deeper structures were uninjured. In a third case, one of poisoning by a solution of chloride of zinc—Burnett's disinfecting fluid—no pain whatever was suffered for three months; but eight days before death pain came on in the left side. Ulceration of the mucous membrane was found near both orifices; near the œsophagus was an opening into an abscess between the spleen and diaphragm; and near the pylorus extravasation was prevented by adherent omentum. It was believed by the author that this

abscess had only dated from the commencement of the pain eight days before death, when probably the deeper structures had become involved.

2. That organic disease of the mucous membrane alone—as, for instance, cancer—may be comparatively free from pain. Reference was made to the detection of cancerous secondary tubercles without previous symptoms; and a specimen was shown of a large villous growth from the mucous membrane of the stomach, of which no idea had been entertained, the orifices being free, vomiting absent, and no pain being present for many weeks before death. The patient died from advanced cirrhosis, and at the commencement of her illness had complained of burning pain at the stomach.

3. That disease extending to the muscular or peritoneal coats, produces generally severe pain, as in ordinary ulceration or cancer. Two instances were given in which the intensity of the pain was the most prominent symptom, and in which, after death, the author had detected branches of the pneumogastric nerve involved in the dense fibrous edges of chronic ulcers.

4. That over-distension of the stomach produces severe pain.

5. So also disease of the peritoneum covering the viscus.

6. The statement of Dr. Osborne, that the precise seat of gastric ulcer might be shown by the position of greatest ease, was briefly alluded to; but the author did not give a positive opinion on the subject. In the case mentioned where the pneumogastric was involved, and the ulcer at the posterior aspect, the patient was most comfortable when leaning forward and toward the left side, so far confirming Dr. Osborne's opinion.

7. That in disease of the lesser curvature near the pylorus, pain is sometimes experienced by the patient as soon as the food enters the stomach, and, in some cases, conveys the idea of disease at the œsophageal orifice. An instance was mentioned where, for many months, the affection was believed, by an eminent physician, to be at the end of the œsophagus, whereas the lesser curvature near the pylorus only was affected, and the mucous membrane near the œsophagus was perfectly free.

8. That many conditions of functional disease are entirely free from pain.

9. That the pain in many so-called functional diseases is often exceedingly severe, but is often produced by a mal-condition of the nerves or nerve centres, and arises from the intimate connection of the spinal and sympathetic nerve. Reference was made to the severe dyspepsia occurring in states of exhaustion, extreme nervous prostration, loss of blood, over-anxiety, and uterine disease.

10. That the effect of diseased condition of the pneumogastric nerve at its centre or peripheral branches, in connection with stomach disease, is one of great interest, and it is probable that pain is sometimes the result. The irritability of the stomach in



cerebral disease, in disease of the supra-renal capsules, the dyspepsia in phthisis, &c., were alluded to, and several drawings of the nerve supply of the stomach shown.

11. That in many forms of functional disease of the stomach, accompanied with severe pain after food, *it was probable* that extreme irritability of the pyloric orifice existed.

12. That in functional, as in organic disease, pain often arises from distension of the stomach consequent on chemical decomposition of the alimentary mass.

13. That absence of pain is sometimes found in consequence of the destruction of the pneumogastric nerves. An instance was given, where the whole of the lower part of the œsophagus was destroyed, the pneumogastric nerve exposed, and many branches truncated; fluids had passed into the posterior mediastinum, had burrowed beneath the diaphragm, and made an abnormal opening into the stomach. The patient had travelled, a few days before death, to Guy's Hospital from the North Foreland, and scarcely any pain was complained of, notwithstanding this extensive mischief.

14. That pain at the scrobiculus cordis, simulating disease of the stomach, often arises from spinal disease, the pain being referred to the extremity of the irritated nerve.

15. The severe pain at the scrobiculus cordis, also simulating disease of the stomach, is referred by some, and probably correctly so, to over-distension of the cavities on the right side of the heart, as we find in mitral valve disease, chronic bronchitis, &c. In these instances, the whole of the chylopoietic viscera and the branches of the vena porta are much congested, and the functions of several viscera imperfectly performed.

16. That cancerous disease of the stomach, with enlarged glands pressing upon the aorta, may be simulated by aneurism. In the latter disease, pain is sometimes very intense; and a case was referred to by the author, in which the patient died from the intense suffering, the false aneurismal sac not having given way; and, in dissecting the parts, the large branches of the sympathetic were found by him stretched out upon the sac. No other cause of death was found, after careful examination.

The author stated that these propositions were submitted to the Society not with the idea that each was established, but as guides for further thought and observation.—*Lancet*.

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GLYCERINE IN SURGERY.—M. Demarquay, of Paris, has successfully used glycerine in ulcers and fistulous tracts, along which latter it should be injected to fulfil the following indications—viz., to diminish excessive suppuration, cleanse the secreting surfaces, modify the noxious properties of the pus, prevent the stagnation of fluids, or simply to excite the pyrogenic membrane, and bring about cicatrization.

## Correspondence.

London, Nov. 8th, 1859.

A MORNING AT THE LONDON HOSPITAL.—A drive across London, even at an early hour of the morning, is replete with interest to the traveller. There are so many land-marks of note, of which he has heard or read, and which he has wished so long to see, that his eyes feast to the full and his recollection is revived most delightfully, as he gazes upon the mighty panorama so suggestive of the events of history, romance and intense life-action.

During such a drive, a few weeks since, with the ultimate purpose of visiting the London Hospital, I had the singular good fortune to be under the hospitable charge of Dr. W. J. Little, one of the physicians to that Institution. Having been welcomed to an early breakfast with Dr. L., I was conveyed in his carriage, with himself and son, through the long wilderness of streets which intervenes between Brook street, Grosvenor Square, and the centre of the Borough of the Tower Hamlets, the site of the Hospital. Dr. Little, whose manner at first strikes one as remarkably staid, dignified and sedate, surprised me by the warmth of his subsequent manifestations, the depth and breadth of his information upon all general topics of interest and importance; his accurate historical knowledge and perfect acquaintance with everything worth knowing, not only in the metropolis, but in various quarters of the world which were spoken of, and his fluent and entertaining style of conversation. No less does it give me great pleasure to testify to the genuineness of his home-courtesies toward me than to the brilliant qualities to which allusion has been made. Accustomed, moreover, as I had been, to think of Dr. L. as mainly devoted to the study and practice of orthopædic surgery, I was entirely unprepared for the revelation which dawned upon me, both on our way to the London Hospital, and within its walls. I found my kind host fully as much at home upon *all* medical and surgical topics, as he was upon the historical, anecdotal, and every-day, practical characteristics of the remarkable places past which we drove. If I was delighted with the man, I was profoundly impressed by the physician. There seemed to be nothing in the current medical literature of the day which had escaped his eye; and I have to acknowledge myself exceedingly indebted to him for information upon several topics of great interest. Amongst other things, he called my attention to certain recorded cases of reparative surgery, published, with illustrations of singular merit in the *Beiträge Zur Praktischen Chirurgie*, at Kiel; and also to a Journal of Medicine and Surgery issued at Constantinople, in the French language.

At the London Hospital, I made a most interesting visit, and would here express my extreme gratification at all I saw in that most excellent Institution. Some more particular account of the building and its purposes may hereafter be presented, since I am in possession of an "Anniversary Report" which embraces very many items of interest to the profession everywhere, and which, together with two or three other papers of the same nature, or otherwise relating to the hospital, were presented to me, with copies of the journals above mentioned, by Dr. Little.

A class of students followed Dr. Little around his wards; and I can

truly say that I never was more pleased with a *clinique* in my life. It was true clinical instruction, and admirably communicated, and the replies of the young men to Dr. L.'s searching questions, were well, clearly and modestly made. When he spoke, their attention was undividedly given; and they seemed eager to secure every word. The relation between these students and their accomplished teacher is, I am sure, one of affectionate regard no less than one characterized by the hearty wish to secure sound instruction. Dr. L. is in the habit of consigning certain patients in his wards to the care, or rather to the investigation of the students—each one taking a case to examine—and to such he addresses his questions at his visits for clinical instruction. I shall long remember the frequent pauses, for conference, at due distance from the patients whose cases were discussed, and the admirable manner in which the important points were presented for consideration, in this familiar passing conversation. The student *must* think, and is pretty sure to remember, when he investigates disease under these advantageous circumstances.

The management at the London Hospital seems in every way excellent; and while passing along the wards, I could not but be struck with the kind attention manifested toward the patients by the attendants of every grade. Cleanliness is scrupulously observed, and ventilation unusually well secured and maintained. It was easy to notice the contented look of the inmates—of all such as were not too much suffering thus to express their feelings—and the satisfaction and pleasure they manifested at the approach of their kind physician.

I could not help remarking to Dr. Little, *apropos* of certain cases of *hemiplegia* in his wards, that I had observed more instances of this form of paralysis, during my comparatively short stay in London, than in several years in my own country. He seemed struck with the remark, and found some difficulty in explaining such a fact. It may doubtless be owing to lack of observation and opportunity on my own part; but it is no less true of many of the hospitals on the Continent of Europe, than of those I have had the chance of visiting in the United States. Of private cases I do not so much speak, since a balancing of the proportion in such, would, for obvious reasons, be more difficult. I saw no *paraplegic* cases in London, on my late visit.

Dr. Little said that something explanatory of the above fact, in his own wards, might possibly be ascribed to his having given special attention to lameness and deformities of the limbs. This I think not unlikely, but I remarked the fact of frequent hemiplegia elsewhere. Instances were to be observed at St. Mary's Hospital, Paddington, for instance. The matter may be wholly one of coincidence or accident, and of no importance practically. Dr. Little, in speaking of venereal excesses as a cause of hemiplegia, remarked, with a mischievous twinkle in his eye, that he supposed my countrymen could not claim any special exemption from such influences—that probably their passions were fully as liable to ebullition as those of Englishmen, so that an explanation of the fact—if it be a fact—must be sought elsewhere. Allusion was also made to the amount of imbibition of malt-liquors and spirits, as affecting certain classes, in the above species of disease.

Having said good-morning to my kind *chaperon* at his own door, after again crossing that wondrous and bewildering city-tract, so new in its aspects, even after the two or three hours which had elapsed since our earlier drive—and having been anew entertained and in-

structed by my highly respected conductor, I felt that I had had a pleasant and profitable morning at The London Hospital.

VIATOR.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 22, 1859.

"SNORING AND ITS CURE."—Such is the caption of an article forming only a few pages of an interesting pamphlet whose main subject is "Stammering: The Cause and Cure:" by the Rev. W. W. Cazalet, A.M., Cantab. London: Bosworth & Harrison, 215 Regent Street, 1858. Proposing, as we do, to recur to the principal topic, we have a few words, at present, to say upon the lesser.

The reverend writer has the merits of clearness and terseness of style, and conveys his ideas in a very pleasant and effective manner. We happened to pick up his little work in the study of William Harvey, Esq., the skilful and justly celebrated aurist of London; and, having long felt an interest in regard to both of the topics discussed in it, were glad to secure a copy at the publishers' rooms. We have perused Chapter VI., whose title we have placed at the head of our article, with great pleasure and advantage; and we take this occasion to express our full belief that the author has, by his investigations and proposed curative method, conferred a genuine boon upon the human race in general, and upon snorers themselves in particular.

Rev. Mr. Cazalet's theory of the causation of snoring is ingenious, and, from the success of his remedial measures in our own hands, would seem to be correct. He writes, "Snoring is caused in this manner—The individual, as he falls off into settled repose, leaving his mouth open, inhales spasmodically through the nostrils; this produces a compression of the muscles of the soft palate and the back of the mouth; the air rushing along the passage of the nostrils through the contracted space, is vibrated into sound, which escapes at the mouth and partially through the nostrils, each act of inhalation having the effect of producing the muscular contraction; this power of contraction, which exists only when the mouth is kept open, is entirely involuntary, and hence the individual snorer is utterly unconscious of the fearful and unearthly sounds he is making."

The above being the explanation of the act of snoring, the obvious remedy is to give to the individual who thus makes night hideous for those near him, the *habit* of sleeping with the mouth closed. Difficulties, of course, environ this object. Mr. Cazalet mentions the habit of keeping the mouth closed "during the ordinary avocations of life," as conducing to a command over the action of the mouth. The *position* of the sleeper's head is also of no little importance. It should be as far as possible removed from that which would form an obtuse angle of the head with the neck. The author remarks, "the power of snoring, if I may so term it," diminishes "as the chin is brought gradually nearer to the chest."

If the mouth cannot be kept closed during sleep, or if the habit of

closing it be acquired and maintained with difficulty, Mr. Cazalet recommends the use of what he terms the "Night Respirator"—a very simple arrangement, and one by which the purpose in view is effectually secured. It is merely a bit of muslin of oval shape attached to a light steel frame and fastened by elastic bands behind the neck. If the mouth remain open, breathing is easily performed through the gauzy medium; but the effect is rather to induce a closure of the mouth, and respiration is performed through its legitimate channel, the nostrils. There is no inconvenience, nor discomfort; but the whole seems to us a triumph over a most annoying infirmity, which deserves the attention of all who are afflicted by it themselves, or who inflict it upon others.

We lately availed ourselves of the opportunity of purchasing a few of these ingenious "Night Respirators," and having the chance of trying them, can testify to the perfect success attained, thus far. Whether equally good results will follow in every instance, remains to be proved—we cannot see why they should not.

The little instrument—or rather appliance—is very cheap—being, at the shop where they were on sale—Mr. Bucklee's, chemist, 86 Bond street, corner of Oxford street, London—two shillings and sixpence, or about sixty-two and a half cents of our money. The cost could be but little increased by importation.

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DEATH OF A MEDICAL STUDENT.—At a meeting of the class in the Medical Department of Harvard University, held on the morning of Dec. 7th, to take into consideration the death of one of their members, Francis H. Brown and John Homans, Jr., of Boston, and W. R. Bullard, of Indianapolis, Ind., were appointed a committee, who at a subsequent meeting presented the following series of resolutions.

Whereas, by the dispensation of an All-wise Providence, we are called to mourn the death of our classmate and friend, Edward T. Damon, of Wayland:

*Resolved*, That the medical class have received with deep sorrow and regret, the intelligence of the decease of one, who, in the relation of scholar, classmate and friend, had won our love and respect.

*Resolved*, That, in the daily walks of life, we shall long mourn the silence of that voice and the loss of ready sympathy of that friendship which existed between our friend and many of us; that, in the high order of talent he displayed, in the energy and zeal with which he was pursuing his studies, in his delicate conception and keen sense of all that was beautiful in the works of Nature, and with every attribute of character to make him successful, there is lost one who promised to become a most honored and distinguished member of our profession; that in his excellent principles, his noble aim, his exemplary life, his elevated and consistent Christian character, we have lost at once a bright example and guide.

*Resolved*, That a copy of these resolutions, signed by the officers of this meeting, be transmitted to the family of our departed friend, as a mark of our sympathy with them in their bereavement.

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HEALTH OF THE CITY.—The deaths for the past week largely outnumber those for the corresponding week in 1858, viz., 85 to 52. The deaths from consumption are nearly doubled, being for this week, last year, 6—for the week just elapsed, 11. Pneumonia and scarlet fever,

also, have nearly doubled their numbers; in 1858, pneumonia, for the week noticed, 4; in 1859, same period, 7. Scarlet fever, 10 to 6. The mortuary returns for the last week, from the latter two diseases, surpass, likewise, those of the preceding week—standing thus: last week, pneumonia 7, preceding week 4. Scarlet fever last week, 10; preceding week, 2. There is one case of suicide recorded the past week, and, by a somewhat remarkable coincidence, one in the corresponding week of 1858.

There was a slight increase in the mortality by smallpox last week over that in the week antecedent; viz., 11 to 7. Many persons seem to be alarmed at this figure, and are bestirring themselves about re-vaccination. All very well, say we, albeit we have lately heard that an eminent authority pronounced re-vaccination useless and unnecessary—a verdict we cannot understand. The comparatively large number of deaths from smallpox, need not, we think, too much alarm our population. There seems to be a tendency to epidemic prevalence of this disease, at present, in Europe as well as here. Every preventive and precautionary measure should be taken.

The ages of those dead from smallpox during the past week are 33, 31, 23, 22, 19, 4, 5 years, and one of 15 days; these were males. There were 3 females—1 of 9 years, 1 of 10 months, and 1 of 6 months.

There is one feature in the aspect of the mortuary returns for the past week which we think calls for comment. We refer to the extraordinary terms in which “undertakers” report upon the causes of death. Thus, one case—the subject being a male 4 days old—is returned by the “undertaker” with the statement “that the head was injured by instruments used in effecting delivery.” Here is a charge demanding investigation, and laying the maker thereof open to action. Is he ready to meet it? He *should*, were we the accoucheur. Or was the attendant a “Female Physician,” so termed? If the child was killed by the application of obstetric instruments, by whomsoever applied, it ought to be known. Otherwise, the “undertaker’s” statement is a loose, unwarrantable and injurious charge upon the practitioner in attendance. If he took the word of mere bystanders or nurses for it, he had no right to do so.

Again, we feel bound to notice a return—also from an “undertaker”—(what do “undertakers” know about the causes of disease and death?) testifying to the death of a male of 13 years from “Cramp in the Stomach.” Who told him that this was so, and what is his return worth? The cause of Mortuary Statistics and Returns must suffer woefully until duly-authenticated statements can be furnished by reliable medical authorities. When will the present absurd system cease?

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THE MAINE MEDICAL SCHOOL.—The following Resolution, by the Legislature of Maine, is inserted in the Journal by request of several correspondents in that State.

*State of Maine.*—Resolve in favor of the Maine Medical School.

*Resolved*, That the land agent be directed to convey to the Maine Medical School, one half township of land of average quality to be selected by him, and to be applied by the said School to the promotion of the sciences of anatomy and surgery: *Provided, however*, that the Legislature may make any necessary regulation for the admission and graduation of students; *Provided, however*, said institution will receive and graduate all students who pass the required examina-

tions, without reference to where such student may have studied previous to asking admission to said Institution, or what mode of practice such student intends to pursue after receiving his diploma.

In the House of Representatives, April 2, 1859. Read and passed.

J. G. BLAINE, *Speaker pro tem.*

In Senate, April 2, 1859. Read and passed.

C. W. GODDARD, *President.*

April 4, 1859.

Approved, LOT M. MORRILL.

*Secretary's Office, Augusta, June 6, 1859.*

I hereby certify that the foregoing is a true copy of the original as deposited in this office.

LEWIS D. MOORE,

*Deputy Secretary of State.*

NEW METHOD OF MAKING BREAD.—We took occasion, in a late number, to allude to the inferiority, as a general rule, of bread in this country. In this connection, the following process for bread making, communicated to the British Scientific Association, at its late meeting, may be of interest.

“Dr. ODLIN described a new mode of bread making, which excited the admiration of this section, and patented by Dr. Daughlish. By this process, the carbonic acid is produced independently of and super-added to the flour, which, consequently, undergoes no modification whatever. The carbonic acid gas is stored in an ordinary gas holder, and is pumped therefrom into a cylindrical vessel of water, whereby the water becomes charged with gas. This water—soda-water, as it is commonly called—is mixed under pressure with the flour, and the resulting dough becomes vesicular on removing the pressure; it is then divided into loaves and baked. This process is so rapidly gone through, that in an hour and a half from the first wetting of the flour, a sack of flour is made into two-pound loaves. The advantages of this new mode are:—its cleanliness; from the beginning to the end of the operation neither the flour nor the water is touched by the human feet; it conduces to the health of the workpeople; it is a very rapid process; it is certain and uniform, and it prevents any deterioration of flour, so that by this process you can use flour which would require alum in the usual way.

“Mr. TREVELYAN said this process was more fitted for large establishments than for domestic use, and recommended a plan which he had used for many years, namely, by using muriatic acid and soda. A drachm of soda by weight and a pound of flour, and a drachm of muriatic acid by measure and a pound of flour, were the quantities he employed.

“Dr. DAUBENY said it was necessary to observe this caution in regard to the process mentioned by Mr. Trevelyan, that it was possible the muriatic acid might contain arsenic.

“A remark made by Mr. Trevelyan—that it was the opinion of some that arsenic, when taken in small quantities, was not deleterious to the system—brought forth a warning from Dr. Danberry and the President not to put any faith in the statement in Dr. Johnston's *Chemistry of Common Life*, that arsenic is taken by the girls of the Tyrol to improve their complexion, and that when taken constantly the system becomes used to it, that being the reverse of the fact.

“Mr. LIVERING observed that he had heard that this use of arsenic had been told to Dr. Johnston by a practical joker, who did not like to confess his imposition after it had been made public.”

**ACHILLEA MILLEFOLIUM IN UTERINE CONGESTION.**—Dr. James Whitehead, in the Third Report of the Manchester Clinical Hospital, speaks highly of the efficacy of the common yarrow in uterine menorrhagia and leucorrhœa, the consequence of a "vascular or spongy hypertrophy of the uterus." He reports two cases in which the symptoms were urgent, and which were entirely cured, the patient using no other remedy. In one it was given in tincture, in doses of a dessert-spoonful three or four times a day; in the other, the patient took the decoction. He says, "the grounds upon which this remedy is recommended as an anti-hæmorrhagic, are not limited to the experience above cited. I have used it pretty freely in private practice about three years, and the results now stated go entirely to confirm those of previous trials."

**A MILITARY CENTENNARIAN.**—It would be necessary to go back to the Biblical times to find the trace of a longevity so extraordinary as that of Capt. Alexander-Victorian-Narcissus Viroux, of Belgium, who has just been put on the pension list by a royal command of the 16th September, 1859. What makes it more wonderful is that Mr. Viroux, born at Chimay, Nov. 9, 1709, and who consequently attained the age of one hundred and fifty years the ninth of last month, took the strange fancy of entering the service the 16th of October, 1830. But the independence of his country called him, and in spite of his one hundred and twenty-one years, he did not hesitate to fly to her defence. The military state pleased him, as he felt young and vigorous; he remained in its service, and attained the rank of captain. It is only in the last few days that he felt the desire of retiring to the place wherein he first saw the light of day.

**CHICAGO COLLEGE OF PHARMACY.**—The introductory exercises of this Institution were inaugurated in Bryant & Stratton's Commercial College, with a general introductory lecture, by Prof. J. H. Rauch, M.D., which was listened to with interest by an audience of ladies, physicians, and students. The subject of the address was the History of Pharmacy, and it displayed much research and labor in its composition.—*Chicago Med. Examiner.*

**RUSH MEDICAL COLLEGE.**—The regular term of lectures in this Institution commenced on the first Tuesday in November. The general introductory lecture was delivered by Prof. J. A. Allen, formerly of Michigan, and was listened to with pleasure by the audience.—*Ib.*

**DR. SILAS JOHNSON**, of Selma, Alabama, has received the appointment to the Professorship of the Surgical Department of the Oglethorpe Medical College, located at Savannah, Geo. We understand he has accepted.—*Philad. Medical and Surgical Reporter.*

**PHYSICAL EDUCATION IN THE PUBLIC SCHOOLS.**—The Committee of the Board of Controllers of Public Schools of Philadelphia, on the subject of physical education in the grammar schools, have reported in favor of erecting suitable gymnastic apparatus in connection with the schoolhouses. An appropriation for the purpose will be asked.—*Ibid.*

**DR. J. P. BARRETT** died a few weeks ago, in Abbeville, S. C., after a severe and lingering illness, caused by cancer of the stomach. He was an ex-president of the South Carolina State Medical Association, a large contributor to periodical literature, and a man of considerable talent and acquirements.—*Nashville Journal of Medicine and Surgery.*

*Deaths in Boston* for the week ending Saturday noon, December 17th, 85. Males, 49—Females, 36.—Accidents, 4—apoplexy, 4—disease of the bowels, 1—bronchitis, 1—congestion of the brain, 1—cancer (breast), 1—consumption, 11—convulsions, 3—croup, 4—cyanosis, 1—dysentery, 2—dropsy, 2—dropsy in the head, 2—debility, 1—puerperal disease, 1—erysipelas, 1—scarlet fever, 10—disease of the heart, 4—intemperance, 2—inflammation of the lungs, 7—marasmus, 1—peritonitis, 1—purpura, 1—smallpox, 11—suicide, 1—teething, 1—unknown, 5—whooping cough, 1.

Under 5 years, 38—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 11—above 60 years, 6. Born in the United States, 55—Ireland, 19—other places, 11.



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## MEMBRANOUS CROUP—TRACHEOTOMY—RECOVERY.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY GEO. H. GAY, M.D., BOSTON.

*Membrane on the tongue, and in both lungs ; albumen in the urine.*  
—N. Taylor, æt. 5 years, 8 months, had a slight croup-sounding cough, on November 3d and 4th, for which he took some domestic remedy, with some apparent relief. On Saturday, the 5th, he came home from his play about 4, P.M., and at that time could not speak a loud word. He took some onion syrup, and had hot onions applied to his neck. The croup-sounding cough continued during the night. The next day, Sunday, he seemed easier and was disposed to play some, though he was hoarse, had dyspnoea and coughing, which was always aggravated on lying down. In the night he was very restless, tossing about the bed, and now and then struggling hard for breath. On Monday morning, the family physician was sent for. An emetic was given, and after its operation the patient was easier for a time. About 4, P.M., the distress in breathing was worse, and continued about the same through the night. There were some paroxysms of hard coughing also. Tuesday, A.M., he seemed better, and the mother reports that he was always more comfortable till about the middle of the afternoon, when the symptoms generally were worse, continuing so through the night. At night, he was very distressed for breath, seizing his neck, turning purple red in the face, with almost clonic spasms of the arms. During Wednesday there was no improvement in the symptoms; during the night there were two very distressing paroxysms of suffocative coughing. Thursday and Friday, the croup symptoms had all increased; the voice was a hoarse whisper, the respiration more and more labored, and the cough dry and metallic. The patient had vomited daily two or three times, from the effect of medicine, since Monday. Nothing like membrane was seen. On Saturday, the disease was progressing faster; in the afternoon steam was used, the respiration then being very labored and at times noisy, and the choking

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paroxysms of coughing more severe and prolonged. I first saw the patient about midnight. He was then lying on his side, in a comatose condition, with his head thrown back, and the eyes rolled up, the face sheet-white, covered with cold perspiration, blueness about the lips, pulse very quick (160) and feeble, inspiration very labored, metallic and dry, not hurried, expiration less difficult, great prominence of the muscles of the front and side of neck, and deep depressions above the sternum and both clavicles, and along the epigastric region. No flapping nor bubbling râles could be heard. Percussion of both chests was generally resonant. The tongue had a thick white coat on its centre only. No membrane could be seen in the throat, nor were the tonsils or fauces even red. The main obstruction seemed to be in the larynx. There was no coughing till ether was given, and then only an attempt. In the struggling with ether a faint whisper was heard. Tracheotomy was instantly urged, and performed at about 12½ o'clock.

When the trachea was opened, some bloody mucus was forced out, and then some pieces of membrane. In a few moments the cough subsided, and the tube was inserted and fastened. The respiration was almost instantly relieved, and became easy and with but little noise. He passed into a quiet sleep, as if perfectly exhausted. The sleep was as quiet as an infant's. The pulse soon came down to 140, and in half an hour from the operation was 120 and stronger.

The change was most marked from the labored, metallic, dry breathing, to the easy and almost inaudible respiration after the operation. The indications went to confirm the idea of the disease being then principally located in the larynx. The lungs were perfectly free. There was no symptom of membrane below the sternum.

Written directions were then given with regard to the temperature and steam of the room, the injection of a sol. nit. argent. and of tepid water, *p. r. n.* Dover's powder, gr. iij., at 2 and 6, A.M., or oftener, *p. r. n.* Iodid. potass., gr. i., every three hours, nourishment of wine and water, beef-tea or gruel, the cleaning of the inner tube whenever there was an obstruction, or at least every hour, and the lace cravat.

Nov. 13th (Sunday).—Had a good night, with some short naps. Raised many pieces of membrane through the tube. The tube was cleaned every hour. There were no paroxysms of very hard coughing. The sol. nit. argent. was used and also the tepid water, when the breathing was dry and squeaky and labored.

To-day, 9, A.M.—Appears comfortable. Countenance bright. Respiration easy, not quick and with but little noise. Pulse 106. Has some soreness externally over chest, probably from previous muscular effort. Through the day he continued about the same, expelling membrane and viscid mucus. Had a nap of three hours. The

urine was boiled and found decidedly albuminous, being milk-white and flaky. Was very bright in the afternoon, lying on his side and playing with money. Smiles and nods that he is comfortable. Tongue looks cleaner and moist. Not much thirst. Continue previous directions.

14th (Monday).—There was more of a cough the first part of yesterday evening. Raised but little. Respiration pretty quiet. Took a Dover's powder and slept calmly till 1, A.M., when there was a paroxysm of coughing and expectoration of membrane. Took another powder and slept most of the time till 6, A.M., and then had spells of long, hard coughing, with expulsion of membrane. There was also some retching.

At visit, 9, A.M., there was a cough, with a flapping sound, and he acted as if something was choking him. Both tubes were immediately taken out, and, while the patient was coughing, membrane was seen coming down from above into the opening of the trachea. A portion was seized by the dressing forceps and removed, being two inches long and half an inch wide; the part in the forceps was thin, the upper part thick and very firm, with streaks of blood upon it. A few drops of tepid water was then syringed into the trachea, followed by the expulsion of some small pieces of membrane and tenacious mucus. Another piece was heard flapping above the opening, and the tubes were kept out for a while. After ineffectual attempts to remove it, it was thought best not to weaken patient in efforts to detach it. He was much exhausted and in profuse perspiration. Some air evidently passed through the glottis, and with the coughing there was also some gagging. The tubes were replaced, and some wine and water given. Had a powder, and he soon became quiet and slept more or less of the time till 2, P.M. Took another powder at 3, P.M., and at visit at 6, P.M., he had passed a pretty comfortable afternoon. The pulse was not counted this morning, on account of his excited state. At 6, P.M., it was 102. The expectoration to-day has been in part yellowish.

15th (Tuesday).—Took two powders in the night, and rested pretty well. The cough was not very troublesome. This morning, both tubes were removed and a few drops of tepid water syringed into the trachea. The expectoration was very free, mostly thin and purulent; there was one piece of membrane. The pus did not look healthy. The nurse speaks of the offensive odor of the expectoration and the air from the tube. The tongue does not look so well, is pale white, swollen and furred in the centre, with patches of membrane along the left edge, seen for the first time. Nit. argent. was applied. There is some redness of the skin about the wound. The wound is dry and glassy.

5, P.M.—About the same throughout the day. Nourishment and the other directions to be continued.

16th (Wednesday).—Last evening, about 8 o'clock, had a long,

loose cough. The inner tube was removed, and portions of membrane were seen coming down from above through the opening of the outer tube. After continued efforts, an immense quantity of membrane came with great difficulty through the tube in large lumps. The cough continued for half an hour or more, and in that time an ounce bottle was two thirds full of soft, as if decomposed, very offensive, lumpy masses; some of it was in flat strips, with longitudinal furrows, but most of it was in masses, as if rolled up during expulsion. These masses were white, not yellow, looking like thick porridge or curd, and most of it evidently from above. There was some blood with a portion of it. After recovering from the fatigue, took some wine and water, and a powder. Slept from 9 till 2, A.M. The rest of the night there was less cough and expectoration.

This morning, the pulse is 104. The general substance of the tongue is flabby and pale, with a thick white coat in the centre, and white patches of membrane along the left edge. The redness has extended on each side of the wound, and looks crysipelatous. The neck is seldom moved, is stiff and painful. The wound is about the same. Nit. argent. applied. The respiration is easy and pretty quiet. There are still some flakes of albumen in the urine.

17th (Thursday).—The tongue is not so pale and flabby. The redness of the wound about the same, with some induration. Little motion of neck, though still painful. The discharge from the wound is thin and unhealthy. There are crusts along the edges. The cough is less to-day than last night. The respiration is quiet. The expectoration is now thin mucus and pus. The offensive odor has nearly gone. The tubes have been changed every hour. Nothing like an eruption has been seen. Both tubes were removed to-day.

18th (Friday).—Last evening and first part of night as before. Since midnight, has not been so well. The coughing has been frequent, long, and, at times, loose; the respiration hurried and now and then dry. General restlessness. Tepid water was tried with great relief. Expectoration free.

This morning, 9, A.M., does not appear well. Countenance is heavy and dull. Skin of face dirty and dingy-looking. Respiration more hurried than yesterday, though not attended with much labor. Cough frequent and loose. Bubbling râles, both large and small, heard throughout both lungs; some sibilant râles at the lower part. Percussion resonant. Expectoration free, thick, not purulent, but white like porridge, and offensive, with occasional spots of blood. Pulse 130. Skin soft, not hot nor dry. No flush on cheeks. No thirst. Tongue generally not so pale, not dry, its centre as before; along left edge there are two membranous patches, size of a three-cent piece, raised above the level of the tongue; another raised patch, one inch long, three quarters of an

inch wide, along right inferior edge, near the tip. There is no sign of membrane in the back part of the mouth, and there is a free mucous secretion.

The wound of the neck is very unhealthy, dry, crusty, with occasional thin yellow, watery discharge. Does not like to lie on his left side. No catch in the breathing, no pain on coughing; any pleuritic sound is masked by the noisy bubbling râles.

Nourishment is taken with much difficulty. Does not complain of soreness in swallowing. Redness, swelling and induration about wound somewhat lessened. Nit. argent. to wound, stimulants and nourishment as before. R. Doveri pulv., gr. iij.; ipecacuanhæ, gr. i., M., immediately, and repeat in two hours.

1, P.M.—Vomited freely after the first powder, and forced through the tube a large quantity of thick and thin yellowish white substance, stained with fresh blood. There was much relief afterward. The expectoration had the same porridge-look and offensive odor. Vomited also after second powder. The respiration was then more free, though still noisy and somewhat hurried. Expectoration free from the mouth and wound; that from the mouth is mostly mucus.

5, P.M.—Tongue much cleaner. Membrane near the tip of the tongue on the right side is separating; a portion can be easily raised up. Sol. nit. argent. used freely and always followed with relief. Pulse 120. Respiration and expectoration about as at 1 o'clock. R. Citrat. ferri et quinine, gr. i., three times daily.

Patient scratched, yesterday, the skin around a wart on his finger, and to-day there is a pustule as large as two peas about it; the elbow was hit slightly, and immediately the spot became inflamed and tender. This will show the state of his system.

19th (Saturday).—Took two powders last night, and slept pretty well.

To-day, 9, A.M., the general indications are more favorable. Is much more comfortable, and there is a brighter look to the eyes. Pulse 110. Tongue better, membrane still separating. Redness about the wound nearly gone; the lips of it are still dirty and crusty. The expectoration is less. The respiration is much more quiet and not hurried, the bubbling râles are nearly gone. Does not cough so much, and is more inclined to take nourishment.

5, P.M.—Has had a good day, and is somewhat cross. The membrane on right side of tongue, near the tip, came off this afternoon, leaving the surface of the tongue of a smooth healthy red color, without any appearance of ulceration; the membrane on the left side of the tongue remains the same. Pulse 102. There is no uneasiness to-day on lying on the left side.

20th (Sunday).—General appearances still more favorable, though during a part of the night there was restlessness, without cough or sleep. Pulse to-day, 102. Tongue about as yesterday evening. Cough less and loose. Expectoration thinner, yellow-

ish, not so offensive, and at times streaked with blood. Respiration not so quick nor noisy. Wound still unhealthy and covered with crusts. Asked for bread and milk.

21st (Monday).—Had a pretty good night. To-day, appears still brighter. Cough less; expectoration a thin purulent mucus. Pulse 102. Color of tongue improving; patches of membrane the same. Respiration improving. Wound still dry and crusty. Takes his nourishment pretty well.

22d (Tuesday).—Passed a good night, sleeping most of the time, with but little coughing or expectoration. To-day, for the first time since the operation, the wound is discharging pus. The crusts are all away. Took some whiskey last night; is sleepy now, probably from the effects of it. Membrane on tongue continues about the same. Appetite improving. Respiration easy and noiseless. Expectoration decidedly purulent.

23d (Wednesday).—Yesterday and last night, patient was very comfortable. Omitted the Dover's powder, and continued the whiskey. Slept quietly most of the time. Early this morning, had two paroxysms of coughing. Cough loose, expectoration purulent.

9, A.M.—Improving. Tongue cleaning, and of a healthier red color; the patches of membrane about gone. Pulse 100. Wound looking better. More disposed to have his playthings.

26th.—Improving. Cough and expectoration less. No membrane on tongue. Pulse 96—98. Appetite good. Wound healthy and contracting.

Dec. 1st.—Gaining in every respect.

9th.—Up and dressed, using his playthings. Continues to improve. Wound cicatrized.

The same general remarks of the previous case, subsequent to the operation, will apply here.

The first noticeable points in this case are, the great falling of the pulse from 160 to 120, *forty pulsations in half an hour*, the easy and almost inaudible respiration, and the presence of albumen in the urine; then, on Monday, the retching and choking, the withdrawal of both tubes, the removal with the forceps of membrane from the trachea above the wound; on Tuesday, the offensive odor of the breath and expectoration from the wound, the patches of membrane on the tongue, the unhealthy condition of the wound, the sudden expulsion in the evening, *during half of an hour*, of such an immense quantity, through the tube, of membrane of different degrees of consistency, from distinct, flat, firm and ribbed membrane to the softer and porridge-like masses with an offensive odor, and the immediate long and quiet sleep from 9 till 2, A.M.; on Wednesday, the stiff, painful and erysipelatous condition of the neck; on Thursday, the expectoration of *thin mucus and pus*, and *diminution* of the *offensive odor*; the great change after midnight, and the alarming condition on Friday, with another

patch of *membrane* on the *tongue*, the state of his system as indicated by the inflamed elbow and pus around the wart, and the re-appearance of the offensive, porridge masses. The persistence of the crusts on the wound and the absence of pus until Nov. 22d, the operation having been performed Nov. 12th, at midnight, should also be particularly remembered. The sudden change on Friday should be specially referred to. The attack commenced with general restlessness and frequent, long coughing, which, in every probability from what followed, was occasioned by the irritation of membrane generally and simultaneously detached in the bronchi of both lungs, and indicated by the noisy râles and expulsion through the wound of lumpy, offensive masses, similar in look and consistency to those expelled from the larynx and trachea, on Tuesday evening.

The vomiting materially aided the expulsion of the membrane, which continued over twenty-four hours, and from that time there was a manifest improvement of the patient's condition, as seen in the falling of the pulse from 130 to 102, the muco-purulent expectoration, with absence of the offensive odor, the easy and comparatively quiet respiration, and the return of a brighter and more healthful look of the countenance.

Extensive membrane deposit in the throat is not unfrequently attended with an offensive fœtid odor, as the membrane decomposes and separates.

I know of no reported case of tracheotomy for membranous croup, where mention is made of this offensive odor of the breath and decomposed membrane coming from the tube for any length of time, and afterward followed by the recovery of the patient.

In Millard's thesis, Paris, 1858, Obs. XLI., p. 219, in a *post-mortem* examination, are found these lines:—

“Fausses membranes épaisses comblant la cavité du larynx, et se continuant dans la trachée; ce conduit, outre des débris pseudo-membraneux assez larges, contient une purée semiliquide d'odeur très fétide, d'une couleur gris jaunâtre très sale; cette maitère se continue dans les branches même assez délicés, celles-ci renferment en outre çà et là, de très petits fragments de fausses membranes.”

Genuine membrane upon the *tongue* is certainly of very rare occurrence in this locality.

It will be observed that albumen was found in the urine in this case, and not in the other.

A portion of the membrane raised from day to day through the tube, in both patients, was here shown.

The mother reports that the previous health of her son has not been good, and that he has been subject frequently to “*canker*” in the mouth, and a pustular eruption upon the hands.

PRACTICAL REMARKS ON PULMONARY CONSUMPTION, WITH  
THE DETAILS OF A CASE SUCCESSFULLY TREATED.

[Communicated for the Boston Medical and Surgical Journal.]

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
NEW ORLEANS.

IN the August number of this JOURNAL, 1858, reporting a case of anasarca and ascites, developed during the progress of a case of consumption, the fluid having been entirely removed through a few punctures in the feet and legs, with a lancet, I remarked that the particulars of so interesting and instructive a case deserved a more extended and special notice. That opinion was based on indisputable facts, the universal prevalence and mortality of consumption, the equally admitted want of success in the modes of treatment thus far had recourse to, in addition to which I place my firm belief in the power of certain medicines, conjoined with a properly regulated and duly observed dietetic and hygienic course of treatment, to control and overcome the specific effects of the various presumed causes of tuberculosis. In offering the following remarks, introductory to the case alluded to, it is proper to observe that it is not my desire to convey the idea that many cases of a similar character can be reasonably looked for. I do hope, however, that the fact of a recovery, under such adverse circumstances, may incite fellow-laborers in such a cause to still greater efforts, as regards the treatment of consumption, more especially in the incipient or forming, and second stages, thereby striving to arrest its further progress—the first step toward a cure—and possibly, or probably, prevent the passage into the third, an almost invariably fatal stage.

For satisfactory reasons, based on observations, I confess myself an advocate for the safety, propriety and necessity of treating consumption precisely as is generally the case in other diseases, by the adaptation of remedies to the existing symptoms; bearing in mind, however, the peculiar tendency to depression of the system, as a general attendant.

During almost five years that I have had charge of wards in the Charity Hospital of this city, there have been always under treatment many cases of consumption, presenting every stage and variety of the disease, recognized by physical signs as well as by the rational symptoms; and having devoted especial attention to the treatment, the most practically important part, and having closely watched the effects of those medicines which I considered appropriate to and demanded by the existing symptoms, my conclusions, "or facts, as I regard them," have been deduced from bedside observations in point of number by no means limited. Of the fact, I am certain, that during that time not a few cases of consumption in the second stage, well marked by physical and rational symptoms, have been restored to a fair state of health; that is, the symptoms, as cough, purulent expectoration, hæmor-



rhage, night sweats, and diarrhœa, have been removed, a marked increase of appetite and of flesh and strength has been gained, and the patients found themselves able to resume their ordinary avocations, suspending all treatment excepting the use of tonics. It not being my wish to present other than a statement of facts, I should state that many died—the larger proportion; but even in those where restoration was impossible, or not even hoped for, the fact is worthy of note, that all were benefited, not one inconvenienced by the exhibition of the various medicines. That the lives of many were prolonged, and that their condition was rendered more comfortable, were regarded as facts by the patients themselves.

In view of the partial and perfect curative results which have been manifested in consequence of the persistent use of a general tonic course of treatment, internally, the external application of different counter-irritants, and the use of medical inhalation, the practical conclusions arrived at have been, that not only is consumption a curable disease, but, to gain that point, it is indispensable that the means should be persistently and vigorously employed.

Acknowledging, to the fullest extent, the real indebtedness of our profession to the ever-present, and ever-acting power of Nature, to enable cures to be effected in all diseases, it is beyond dispute that the medical art is required to meet and overcome that tendency to the impairment of the general health, and the subsequent organic destruction, peculiar to many diseases, and in no one more positively marked than in consumption.

Another conclusion arrived at, was, that in no disease was medicinal, dietetic and hygienic aid more imperatively called for, more valuable, or, considering the constitutional and local affections, more frequently and more generally beneficial, even in cases presenting the most unfavorable symptoms. Is it not to be regarded as an admitted fact, that, in consumption, one of the most constant features, if not strictly characteristic of the disease, or rather of the premonitory signs, is a tendency to a marked depression of strength, a gradual wasting of the body, generally with, but not unfrequently without other symptoms. Is it not a fact, that not unfrequently, before the recognition of a single well-marked physical sign, many of the rational symptoms may have been in full force or highly suspicious? For all curative purposes, is not this the most important period in which to commence a rational course of treatment, more frequently hygienic than medicinal, although tonics are generally called for, and thus at an early period force the disease to become more manageable or curable?

In expressing the opinion that consumption should be more amenable to treatment, than is generally admitted to be the fact, it is proper to remark that I lay no claim to the knowledge, possession or employment of any agent in the form of a specific for

the treatment and cure of this disease, firmly believing that neither in it, nor in any other of a constitutional character, depending on numerous causes and manifested by a variety of symptoms, can there be discovered any one remedy that shall be capable of fulfilling all the indications that are known to occur, from the commencement to the end, be it favorable or the reverse. The sooner such an illusion is discarded from the minds of all, the sooner will brighter prospects be in store for those afflicted or threatened with consumption, and so much the more certain will be the downfall of false assertions as to the curative power of any one remedy to cure, *per se*, such a protean disease.

The medicines employed, which must necessarily vary to meet the different indications presented by the different stages, in conjunction with the acknowledged equal but not more important adjuncts, by the use of which not a few apparently hopeless cases have been restored to a fair state of health, are in the possession of the profession, nor can a valid reason be assigned why similar results should not be more frequently presented, provided similar means be resorted to, thus acting out the expressed belief of the possibility as well as power of curing the disease, and infusing into the minds of the sick that true degree of hope which will produce energy of action, too generally deficient. Informed as to the proper course to be pursued, consumptives must be impressed with the fact that, in the battle to be waged, persistent action on their part is absolutely demanded, or they can have no right or reason to look for a victory. That consumption is a curable disease, will be seriously questioned by few of the present day; and yet, when we seriously consider its insidious nature, its destructive effects—primarily constitutional, most probably in the blood, and subsequently local—as well as the indifference, or at times the total want of attention paid to the primary symptoms—real or apprehended—with many other causes too obvious to need specifying, it will not, it cannot be denied, that, as a necessary consequence, it must be almost impossible reasonably to look for a large number of cures.

[To be continued.]

#### REMOVAL OF A FOREIGN BODY FROM THE TRACHEA.

[Communicated for the Boston Medical and Surgical Journal.]

BY JOSEPH GARLAND, M.D., OF GLOUCESTER, MASS.

ON Friday, P.M., November 18th, I was called to a child of Mr. Noah W. McKinny, of this place. Upon arriving, I was told that the child, a boy about 4 years of age, while amusing himself with a few kernels of Indian corn, on the Tuesday previous, was suddenly seized with a violent fit of strangling, which, after a moment, yielded a little, but was immediately followed by a constant, convulsive cough, lasting a full half hour, then subsiding into an

occasional hack, accompanied by hoarseness of voice and shortness of breath—that these symptoms had continued three days, with little variation, but an aggravation of them all that morning, fever added, had occasioned anxiety—hence my summons.

I was now, of course, prepared to examine my patient, the path of diagnosis already open. The child was sitting bolstered in a rocking-chair; respiration hurried; surface hot; tongue coated; cough hoarse and croupy; expectoration viscid and tinged with blood. Physical signs—complete absence of respiratory murmur over lower two thirds right chest; it was heard feebly over upper third; and was very loud on left chest. Decided dulness over and just below third rib, right side, about two inches from sternum; resonance below that point, and over whole back, right side, nearly normal. Left chest normal, no crepitation distinctly heard.

The history and symptoms seemed to fix the diagnosis of the case. The usual remedies for combating inflammation of the bronchi and lungs were prescribed, and the result patiently awaited, which, it was stated to the parents, would most probably be *death*, either from extended inflammation and lesion of the lung, or from suffocation occasioned by dislodgment and expulsion of the foreign body into the larynx; or *possibly* recovery, from partial decomposition of the foreign body and its final expectoration from the air-passages.

Saturday, Nov. 19th.—Patient much the same; rather less fever. Did not visit him on Sunday.

Morning morning, Nov. 21, 7½ o'clock, was summoned in great haste; found patient in his mother's arms, breathing with the utmost difficulty; face swollen and livid; a frequent, smothering cough, momentarily threatening dissolution. Placing my fingers upon larynx and upper part of trachea, I distinctly felt an apparently hard substance within, moving slightly, but with force, during each effort at respiration. Upon inquiry, I learned he had a comfortable day on Sunday; rested tolerably during the night till 2½ o'clock; was then seized with violent paroxysms of coughing, lasting about one hour; slept again till about 6½ o'clock, when, the cough recurring with greater severity than ever, accompanied with symptoms of suffocation, a messenger was despatched for me.

The case now demanded something to be done. Tracheotomy was proposed to the parents as the only means of saving the child. Dr. Davidson was called, and also urged the expediency of the operation. The consent of parents gained, there was now no time for delay. The child was placed upon a bed, his back supported by pillows, head drawn a little backward, and held by an assistant. His struggles were now so great, it was deemed advisable, in order to facilitate the operation, to administer chloroform. Scarcely had the vapor come in contact with his nose when a slight convulsive cough occurred, then a gasp or two, and all was quiet—

the glottis was effectually closed. A chance was yet offered. I embraced it, and, assisted by Dr. Davidson, dissected as rapidly as possible with care, down upon the trachea, delayed by no bleeding of account, opened it, inserted a silver catheter—the only suitable instrument at hand—and commenced artificial respiration by breathing through the catheter, and compressing the ribs, alternately; this repeated a few times, to our great satisfaction a faint gasp was seen. In a few moments more, the mechanical means still continued, another followed, and soon a feeble respiration by the patient was going on through the catheter. Sensibility had now returned to the trachea, and a violent fit of coughing threw blood and masses of tough phlegm through catheter and through trachea by its side. The child now opened his eyes, and made *signs* of crying, ineffectual as to *sound*. A free opening into the trachea now existing, and the bleeding, which had scarcely required the sponge, having ceased, the catheter, difficult to be retained in position except by the hand, besides being exposed to frequent attacks from the child, was withdrawn. Watching the result a few minutes, and finding the respiration going on equally as well, and the expectoration free through the opening, it was not returned.

So much relief having been secured to the child already, it was not deemed advisable to disturb him further at that time, for the removal of the foreign body, hoping, as strength returned, some effort of his at coughing might possibly dislodge and eject it from the opening. Our chief reason, however, for delay, was that the patient might rally, and be in better condition for what might prove a tedious process. Necessary directions having been given for the management of the aperture, I took my leave, designing to return in two or three hours for the further operation—the clearing of the larynx. It was evening before my return. I then found the patient quite bright; respiration going on satisfactorily through the artificial channel; considerable cough; free expectoration through the opening. On closing the incision, symptoms of suffocation immediately ensued; the child, in desperation, tore my hands from their hold. No cause for immediate interference being indicated, directions were given for the night:—a gentle opiate was to be administered; gum water and thin gruels for drink; the opening to be kept clear by gentle sponging, and strict injunction given to watch for and examine any substance thrown from the opening during a paroxysm of cough; and, if any material obstruction to the passage of air through it should occur, to inform me immediately.

Tuesday morning, Nov. 22, one week from occurrence of accident, day after operation, in company with Dr. D., saw the patient again. Finding the obstruction still remaining in the larynx, we proceeded to remove it. A stiff probe was carried up the trachea, through the incision, and slightly rotated in the larynx, with the intention of giving the substance a start, and thereby bringing it

down to the opening; failing in this, the forefinger was carried down upon the tongue, the tongue depressed, the epiglottis pressed back, and a probe passed through the glottis with the design of starting the body down from the larynx; this, after repetition, proving ineffectual, a pair of forceps, slightly curved and of good length, were passed up the trachea through the opening, in hope of seizing the foreign body. Not succeeding, they were thrust up into the larynx with as much force as could be ventured, when, upon withdrawing them, the child gave a half convulsive cough, and out flew the foreign body from the mouth, striking with considerable force upon a door some three feet distant. It proved to be a kernel of Indian corn, swollen almost to bursting. Its dimensions were as follows: longest diameter,  $\frac{9}{20}$  of an inch; shortest diameter,  $\frac{7}{20}$  of an inch; circumference in direction of longest diameter,  $1\frac{3}{10}$  inches; direction of shortest diameter,  $1\frac{3}{20}$  inches.

For a few days the patient suffered considerably from the effects of inflammation preceding the operation, and, though the respiration was tolerably free through the glottis while he was at rest, immediately after the removal of the corn, it was fifteen days before the hoarseness and cough gave way, or the mucous matters could be safely discharged through it. No accident occurred to retard the progress of recovery, and, on the 16th inst., just twenty-five days after the operation, the incision was completely cicatrized.

*December 20, 1859.*

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#### TALIPES EQUINUS, FROM INJURY OF THE CALF OF THE LEG.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case has nothing peculiar, either in the treatment or the success with which it was followed, but I think it may be interesting to your readers, from the singularity of its origin.

The subject of the deformity was a young man, 18 years of age. When a boy of 11 years, he was sent on an errand to a mill or factory. In looking about the machinery, he attempted to step over a shaft, which was turning very rapidly, and as there were some projecting bolts, near its coupling, his pantaloons were caught by them, and he was whirled round and round with the shaft, until the mill was stopped; when it was found that a great portion of the gastrocnemii muscles of the left leg had been torn off, and the bone laid bare for some inches. The father of the young man represented the part abraded or torn away as being as thick and as large as his hand.

The surgeons brought together the jagged fragments as well as they could, by stitches and adhesive plaster, but during the process of cicatrization the foot was not kept flexed, and the heel

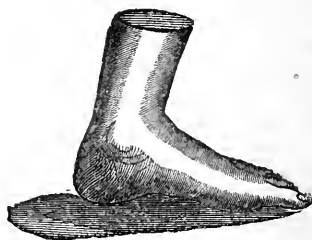
was drawn up, so as to make almost a continuous line with the tibia and fibula. The heel stood five inches from the ground, when I first saw it, and he walked entirely on his toes and the anterior ends of the metatarsal bones, which he had done from the time of the accident, being now seven years.

I operated on the foot the 8th of September, 1859, and in three weeks it had acquired its normal position, as seen in Fig. 2, with a free and complete use of the ankle-joint, and all the functions of the foot restored. When brought to me, the foot was as represented in Fig. 1. Although the foot in this case had regained its natural and relative position in three weeks, the young man did not return home until about six weeks from the time he came, as it was thought best to continue the application of the apparatus for that length of time.

FIG. 1.



FIG. 2.



It is now about eight weeks since he left this city, and he writes me that he walks and runs with perfect ease, and also skates. The leg exhibits a singular state of the gastrocnemii in walking. The different portions of these muscles which are left, seemingly act distinctly, but synchronously. There is a fasciculus of fibres on the inside of the leg, which remains entire from its origin to its insertion; then there is the tendo-Achillis, with a portion of muscle below the cicatrix, and there is another portion above, which has its natural origin, but no insertion, except an adhesion to the cicatrix and bone underneath. These separate portions of the original muscle all act in concert, and simultaneously, in walking.

*Boston, Dec. 22, 1859.*

JOHN B. BROWN, M.D.

*Amputation of Limbs affected with Elephantiasis Arabum.*—M. Mazaé Azéma, who practises at the Isle of Bourbon, advocates the removal of limbs affected with the above disease, and gives several successful cases. The author contends that such amputations "are not more perilous than those undertaken for other affections; that metastasis is not so certain as has been thought; and that the amputation may be performed immediately above the swollen parts and in tissues considerably infiltrated."

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, DECEMBER 29, 1859.

“STAMMERING: THE CAUSE AND CURE.”—We intimated in our last issue an intention to notice the above subject as treated of in a pamphlet by Rev. W. W. Cazalet, A.M., Cantab. First, let us briefly state Mr. Cazalet's views. The reverend gentleman seems, very properly, to have devoted no little attention to elocution, and he has published a work entitled “On the Right Management of the Voice,” which we have not seen, but which we have heard encomiums upon, such as justify us in the opinion that clergymen and others who read and speak habitually in public, would derive great benefit from its directions.

The little book on “Stammering” has already attained a second edition; and in the compass of less than forty pages, contains advice of sterling value. The author seems to think that the infirmity treated of is “quite out of the pale of medicine; strictly speaking, medical science has nothing to do with it.” We are willing to allow that the professed elocutionist is perhaps the fittest person to deal with this and other defects of speech: but we think the same a very proper field for the efforts of the medical practitioner. Unfortunately, Mr. Cazalet is only too correct in saying that, “if the sufferer applies to the medical profession, he will find the subject little thought of and imperfectly understood.” This, at all events, is true in the main, although we are cognizant of some medical men who have made enlightened efforts, and successfully, too, for the removal of this very annoying and disqualifying defect.

We think, moreover, that the author of the pamphlet is right in condemning the surgical “mutilations” which have been practised in the blind attempt to remedy stammering; and we should not endorse, any more than he does, that “wholesale excision of some of the most important organs of speech, which in no one instance has been found permanently successful.” Yet we feel bound to throw in a slight reservation, and to say that *in certain cases*, the aid of the surgeon, judiciously rendered, may be, and doubtless frequently has been, demanded.

Mr. Cazalet remarks upon the rarity of congenital stammering, and upon the non-dependence of the infirmity upon malformation of the vocal organs. Illness, in early life, he accounts the general cause, and mentions measles, scarlet fever and other infantile complaints as causative, especially when characterized by severity. Teething, he also refers to as a “prominent” cause. In all of these affections, when stammering can be traced to their influence, the nervous system has undoubtedly received a great shock. Mr. Cazalet does not allude so pointedly as we should think he might have done, to the effect of *habit* in confirming the stammerer in his ways; nor to the power of sympathy and imitative impulse, which we think must be great with those of delicate and susceptible nervous organization, who are much with those affected with the difficulty.

We will give, in a very few words, the author's prominent views relative to the cause and cure of stammering:

"The organs of speech may be divided into two parts, viz., those of sound and those of articulation, the lungs forming the motive power in the production of sound, upon which, when produced, articulation acts. In the case of a person speaking properly, these elements of speech ought to meet at a certain point—the rima or the opening in the larynx—and there combine to form articulate sound or speech. This is the natural action and condition of speaking. In stammering, the breath is stopped in its passage from the lungs by the forced efforts made to articulate; no sound can, therefore, be produced, every effort tending more and more to prevent the emission of sound, and speech is thus held in suspense. The difficulty increases with the exertion made: for, as during these convulsions, no sound can be produced, there is nothing for the articulation to act upon; and it is only when partial exhaustion takes place, and the articulating efforts relax, that the unhappy sufferer is at length enabled to speak. Having thus forced the organs into speech, in the anxiety to continue speaking as long as the power lasts, the lungs become exhausted of air, thus producing a collapse. In this state, the mere action of inhalation, during which the stammerer generally endeavors to articulate, is the proximate cause of succeeding spasmodic efforts. The efforts thus made are often attended with pain and prostration, and the stammerer finding so much difficulty in utterance, at length subsides as much as he can into silence, denying himself, almost from necessity, the pleasure of social intercourse. The mind soon feels the painful position, and assimilates itself with the halting external sense; the habit of arranging the ideas for conversation becomes, in a great measure, lost, and this reacting upon the defective utterance increases its intensity. Here, then, is the cause—the root of the evil. All stammering is produced by the efforts made to articulate, these very efforts preventing the emission of breath, and consequently the production of sound. Whatever varieties of defect may be met with, they are all modifications of this one original cause. Even when there is a frequent repetition of a word or a syllable, it is only that, during the spasms, a portion of breath escapes violently, and being made sound, is then acted upon by the articulating organs. The whole defect of stammering may thus be resolved into a simple expression—the want of due equilibrium between vocalization and articulation."

The cause being single, the method of cure is directed to a single point, viz.: "to regulate the action of all the parts put in motion for the formation of speech, in order to produce a due equilibrium between articulation and vocalization." The author introduces a somewhat lengthy quotation from his work on the "Management of the Voice," already mentioned, for which we have not space here. Suffice it, for the present, to say, that his main point is to *attack the sound*, as he terms it. Perhaps his views will not be fully made clear unless more of his own observations are extracted. This we may be able to do at another time. For the present, we cite only a few more sentences.

"The sound should be attacked directly from the articulating organs, without any intervention. As a guide for the ear, it may be laid down as a rule that whenever the breath is heard, force is used. The articulation ought to act immediately and naturally, with only just the amount of power sufficient for the sound, taking care to observe the modifications of pressure for the different consonants. In attacking a vowel, it may sometimes be of assistance to suppose an imaginary line of attack directly on the rima from the open lips along the centre of the mouth backward. When the attack is properly made, the result is invariably a clear, sonorous quality of tone, which possesses great power of vibration. This gives the first indication of the relief that will be experienced from ceasing those painful efforts which are generally resorted to by stammerers in order to articulate. The method of attacking the sound from the articulating organs directly back upon the rima, forms the basis of a proper system of treatment, and should always be the principal point attended to.

"The next point is the management of the breath. Stammerers rarely fill the lungs to a sufficient extent. Indeed, when articulation is at the same time at-

tempted, the act of inspiration is generally spasmodic; and after speech has, with effort, been produced, the lungs are soon exhausted of air and brought into a state of collapse. The necessary act of inhalation in this state, attended, as it usually is, by the simultaneous attempt to speak, produces a spasmodic fit, and prevents the formation of speech."

When spasm has once begun, let all attempts to speak be suspended, is the author's advice. Next, he refers to the pitch of the voice as his "third point" for attention. Stammerers generally speak in "a lower tone than is natural." This is a defect, *per se*. The above are the three principal points for effort to be expended upon. *Reading* is with Mr. C. the primary remedial means. Articulation must be slow and distinct, and great attention be paid to "minute points in speaking." Let the stammerer, says our author, "by all means, avoid the endeavor to articulate during inhalation." This is the chief cause of the convulsive efforts remarked in sufferers. "Articulation and vocalization must be simultaneous." The stammerer should daily practise at making full and unrestrained respiration; the habit of partially retaining the breath, by a muscular effort, being one very common with him, and powerfully confirmatory of the habit.

We propose to recur to this very interesting and important topic again shortly, and to present a brief account of a method which we lately saw put into immediate and efficient action by a London surgeon. The method, although not absolutely new, is certainly always worthy of trial, and the experiment was so satisfactory and interesting to us that we trust an opportunity may be soon afforded of again practically testing its power. It seems to us to open a way to relieve and even cure many, if not all cases of stammering, if the means be judiciously, correctly, and perseveringly employed.

VISITING LISTS.—We presume there are very few physicians, in practice, at the present day, who do not avail themselves of that great modern convenience for doctors, a Visiting List. Should any of our readers be so far behind the age as not to use it, we beg them to make trial of one, and we will answer for it, they will never afterward be without it. The only wonder is how active practitioners contrived to do without it so long, for its invention, or at least its general employment is of recent date. There are several of these convenient helps in the market, and each has its advantages. We have seen one, however, which seems to combine more advantages than any other, and which we therefore venture to recommend to those who have not already supplied themselves for the coming year. This is called *The Physician's Pocket Day Book, Visiting List, Diary, and Book of Engagements for 1860*, published in Philadelphia by JOSEPH SABIN, 27 South Sixth St., above Chestnut. The usual arrangement of a column for patients' names, and one for each day of the week, is on the left hand page, while the opposite page is divided by horizontal lines into seven spaces, one for each day, to be used for such memoranda as cannot be contained in the little square usually allotted for recording the visits to be made, and made. A separate edition is published to carry double the number of patients, the list for the week occupying both pages, the two next pages being devoted to the memoranda, and so on. We think this arrangement will be found extremely useful, as affording an opportunity of recording many particulars which the other lists cannot contain, at least in so convenient a form. There are also

pages for recording engagements, liabilities, &c., current account with banker, index to visiting list, &c., besides the usual amount of information which these books generally contain.

MEANS OF PREVENTING THE PITTING OF SMALLPOX.—The well-known fact that the violence of the disease, in smallpox, is usually in proportion to the number of pustules, especially on the face, has led to the attempt to prevent their development by means of external applications. For this purpose, various substances which protect the skin from contact with the air have been tried, with greater or less success, such as lard, collodion and oil, or caustic solutions, especially of the nitrate of silver, and finally mercurial ointment. A writer in the *Union Médicale*, Dr. Anselmier, after examining in detail these substances, gives the preference to the last named, as being the most convenient and the most efficacious. He thinks that it has a twofold action, not only protecting the skin from the action of the air, but in consequence of its absorption, modifying the condition of the blood. Since the ointment, in its usual condition, is so soft that it is apt to penetrate between the eyelids, and irritate the conjunctiva, and also to be rubbed off by contact of the skin with the bedclothes, he combines with it a sufficient proportion of lead plaster to give it a certain consistence. This combination becomes soft, but does not liquefy, at the temperature of the skin of the face. A thin layer is to be spread over the face, neck, shoulders, arms and hands, for about a fortnight, and the effect, according to Dr. Anselmier, is to render the eruption discrete, and to prevent the papules from terminating in suppuration, in those parts to which it is applied. In case salivation should supervene, astringent gargles, with chlorate of potash, must be employed; and in such cases it is certain that there will be no eruption on the mucous membrane of the mouth.

REV. DR. GANNETT'S SERMON AFTER THE DEATH OF DR. PERRY.—We have been extremely gratified by the perusal of a sermon lately delivered by the Rev. Dr. Gannett, and whose theme is "The Physician." This discourse was given after the death of the late Dr. Perry, and of course referred especially to him. The delicate, yet full and just tribute to his qualities and worth which is embodied in this production, does infinite credit to the writer, and will be cherished gratefully by the numerous friends of the deceased. When Dr. Gannett says of his departed friend, that, "taken though he was in the midst of his years, he lived long enough to build up a worthy and beautiful character, to achieve a noble reputation, to leave a cherished name, and to instruct us by an example that will not fade out of their remembrance whose grief at his loss was shown by such a signal manifestation on the day when the last offices were paid to his lifeless body"—he has said all, it seems to us, that even the deepest affection could demand. And to the truth of his eulogy, none, we believe, will demur.

Before taking leave of the subject, we wish to express our grateful acknowledgments to the reverend author for his kind and noble testimony to the worth of the medical profession in general, and to the high standard and excellence of attainment recognized by him amongst its members in this city. It is not so frequent a thing for the profession to receive such heartfelt commendation at the hands of the clergy, that we can afford to pass by this marked instance without comment.

For ourselves we must say that we do not remember a more gratifying and at the same time a more deserved compliment. A few sentences from the sermon itself, will justify our opinion, both with professional and unprofessional readers.

"In all ages the physician has been honored. Men have felt their need of him, and been willing to avail themselves of his services. Among savage people, his office has been accounted sacred; and, through the long history of civilization, he has been recognized as filling an important position in society. From the time of Hippocrates to our own day, the practice of the healing art has been regarded as a noble and beneficent pursuit. * * * Happy the people and the age blessed with upright and skilful men in this department of usefulness! * * *

"The members of the medical profession are, as a class, the most loved, honored, and trusted men in the country; necessarily so, justly so." * * *

"Our first remark is suggested by a characteristic of the medical profession in this city, by which it is honorably distinguished in comparison with other professional service, and in regard to which it will not suffer if compared with the same occupation in any other part of the world. I mean the enthusiasm with which both the study and the practice of the therapeutic art are pursued; an enthusiasm which includes two elements—a high appreciation of the art, and a diligent acquisition of the knowledge which it demands."

IMMEDIATE CURE FOR "IN-GROWING NAIL."—*Messrs. Editors*,—Dr. Lorinser's article on this troublesome affection, translated for the JOURNAL, and published Dec. 15th, reminds me to do what I have many times been on the point of doing, and that is, to communicate a mode of treatment which I have pursued in these cases for over twenty years. It is simply to cauterize the part with hot tallow.

The patient on whom I first tried this plan, was a young lady who had been unable to put on a shoe for several months, and decidedly the worst case that I have ever seen. The disease had been of long standing. The edge of the nail was deeply undermined, the granulations formed a high ridge, partly covered with skin, and pus constantly oozed from the root of the nail. The whole toe was swollen and extremely tender and painful. My mode of proceeding was this:—I put a very small piece of tallow in a spoon, and heated it over a lamp till it became very hot, and dropped two or three drops between the nail and the granulations. The effect was almost magical. Pain and tenderness were at once relieved, and in a few days the granulations were all gone, the diseased parts dry and destitute of feeling, and the edge of the nail exposed so as to admit of being pared away without any inconvenience. The cure was complete, and the trouble never returned.

I have tried this plan repeatedly since, with the same satisfactory results. The operation causes but little if any pain, if the tallow is properly heated. A repetition might in some cases be necessary, although I have never met with a case that did not yield to one application. Admitting the theory of Dr. Lorinser to be correct, the *modus operandi* is very plainly to be seen. The liquid cautery insinuates itself into every interstice, under the nail, along the fistula into the ulcer at the matrix of the nail, accomplishing in one minute, without pain, all that can be effected by the painful application of nitrate of silver for several weeks. Let this simple plan be tried before resorting to the barbarous plan of pulling out the nail, or any other mode of torture that has been invented.

Hatfield, Dec. 22d, 1859.

N. GILMAN, M.D.

SMALLPOX IN BOSTON—REVACCINATION.—Our City Physician, Dr. H. G. Clark, has published in the papers an official notice respecting the prevalence of smallpox in the city, and suggesting the proper preventive of its further extension. He says:—

"*Revaccination* should be practised by all persons on whom it has not been tried; both as a test of the first, and as a preventive of varioloid, especially in those who are directly exposed to any case of smallpox or varioloid."

After stating his own full confidence in the protective power of the vaccine matter now in use, he thus closes:

"Having, therefore, full confidence in the purity and the power of the vaccine material at present in use, I am of the opinion that this epidemic may be promptly terminated, if the inhabitants of the city and its vicinity will only avail themselves of the certain means which are easily accessible to all of them."

MASSACHUSETTS MEDICAL COLLEGE.—From the printed Catalogue of Medical Students in attendance on the present winter course of lectures in Boston, we learn that the number is 190—being the largest class ever assembled in this city.

HEALTH OF THE CITY.—The chief fatal diseases of the past week were consumption, by which there were 14 deaths—pneumonia (8), smallpox (9), and scarlatina (6). Of the 78 deaths, 38 were of males and 40 of females; 23 were of subjects under 5 years of age, 6 between 5 and 20, 23 between 20 and 40, 14 between 40 and 60, and 12 over 60. The deaths from consumption included 9 males, between the ages of 17 and 60, and 5 females, between the ages of 32 and 59. Of the victims to smallpox, 8 were males, all of whom were adults but one, and one female, a child of 2 years. One male, aged 92, and 2 females, aged 86 and 79, died of "old age." The deaths from scarlatina were all of females, from one month to 9 years. Of the 78 deaths, the causes were returned by physicians in but 20 cases. The total number of deaths for the corresponding week of 1858, was 63, of which 18 were from consumption, 5 from pneumonia, 0 from smallpox, 2 from scarlatina, 1 from cancer, 2 from casualties, and 0 from old age.

FIRE-PROOF FABRICS FOR LADIES' DRESSES.—At the close of an article in the *London Lancet*, detailing various experiments recently made with cloths in which certain salts are incorporated for the purpose of rendering them non-inflammable, the following hopeful announcement is made:—

"It is only due to Mr. Wakley to state, that during a period of nearly twenty years he has been endeavoring to discover and bring into use some article which might prevent accidents from the burning of clothes; and within the last two years, at his request, Mr. Lloyd Bullock, practical chemist, has been engaged on the same subject and with a similar object. We believe that Mr. Bullock's labors have nearly reached the desired point, and that we shall have the pleasure of announcing the happy result within a brief period."

If our correspondent at St. Albans, Vt., will turn to the number of the *JOURNAL* for September 221, he will find some comments by the editors on the subject of the Maine Legislature Resolve in favor of the Maine Medical School.

Books and Pamphlets Received.—Elements of Medical Jurisprudence, by Theodor Romeyn Beck, M.D., LL.D., and John B. Beck, M.D. Eleventh Edition, by C. R. Gilman, M.D. (From the Publishers.) First and Second Registration Reports of the State of Vermont.

DIED.—At Montague, 9th inst., Dr. Joel Shepard, 95.

Deaths in Boston for the week ending Saturday noon, December 24th, 78. Males. 38—Females. 40.—Accidents, 2—apoplexy, 2—inflammation of the bowels, 2—softening of the brain, 1—inflammation of the bladder, 1—cancer, 2—consumption, 14—convulsions, 1—cyanosis, 1—dropsy, 2—drowned, 1—debility, 3—puerperal disease, 2—scarlet fever, 6—typhoid fever, 1—disease of the heart, 2—inflammation of the lungs, 8—marasmus, 2—old age, 3—pleurisy, 1—scrophula, 2—smallpox, 9—teething, 1—unknown, 7—whooping cough, 1—worms, 1.

Under 5 years, 23—between 5 and 20 years, 6—between 20 and 40 years, 23—between 40 and 60 years, 14—above 60 years, 12. Born in the United States, 51—Ireland, 25—other places, 2.

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No. 23.

RÉPORT OF PROF. FERDINAND HEBRA'S LECTURES ON VARIOLA,
DELIVERED AT THE GENERAL HOSPITAL AT VIENNA.

[Translated from the *Allgemeine Wiener Zeitung*, for the Boston Med. and Surg. Journal.]

BY B. JOY JEFFRIES, M.D.

VARIOLA is a disease which has been known from the earliest ages. In the very oldest writings we read of smallpox epidemics. Few diseases have swept away such numbers of the human race as this. When it began, amongst what people it originated, and how it spread itself abroad, can hardly now be determined, since the historical accounts vary greatly from each other, and are full of discrepancies. In accordance with a wide-spread opinion, smallpox is divided by some into two, by others into three *species*—variola vera, variola modificata (varioid) and varicella. But to support this view it must be first proved that there is more than one variola virus. Now the whole history of the disease before the introduction of vaccination, as well as since, shows that there never have been two forms of variola contagion, and that the mode of viewing the subject which induced this subdivision is an idea taken up *since* the introduction of vaccination.

It is a matter of interest for us, who live at a time and in countries where we come in contact with few people who have not been vaccinated, to investigate the action of smallpox before vaccination was used. Now if we consult the accounts of this disease, we shall find that it has showed itself in very different degrees of intensity, and that some epidemics have been particularly characterized by their violence and malignancy, a large proportion of those then attacked falling victims to it. Other epidemics again were not so dangerous, and their devastation much less. The fact that not every one attacked with smallpox exhibited the consequences of the disease, or bore its disfiguring scars, is a proof that there were then light cases of variola. Nevertheless there is nowhere among the old writers mention of a division into variola vera, variola modificata and varicella. These terms came much more into use after the introduction of vaccination, suggest-

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ed by the alterations in the disease when appearing in persons who had been vaccinated. These alterations we will now examine more closely.

More than a hundred years ago, before the cowpox vaccination was discovered, people endeavored, by the direct transmission of the human variola, to guard against this disease, which was so rapidly spreading by the ever-increasing traffic of man. Experience had taught that the malady, when not epidemic, was often very mild. They would not, therefore, expose a person to chance, and proceeded on the supposition that a mild form of the disease, not dangerous, could be produced by inoculating with the virus of a less intense variola, avoiding thereby the severe attack which was to be feared from accidental infection. Hence we deduce that there were *then* light cases, varicella and not a variola being used for inoculation. This means of protection was introduced (1718) into England by Lady Montague, wife of the English Ambassador in Constantinople. From thence it was soon after carried into other countries of Europe. The inoculation of the human smallpox consequently prevailed pretty generally. It is alleged to have been previously used for many centuries in Asia. There was, in fact, something in it, and the first experiments appeared to support it. But opportunity being soon given to show the sad results of this method, it fell into great discredit. Numerous cases occurred where a person inoculated from a varicella had an intense variola. It even happened that these inoculations *produced* epidemics, which promoted the further spreading of the smallpox, and it was soon forbidden by law, by most governments, and also here in Austria, where, however, as it was first allowed only on the "flat lands," its farther introduction was less to be cared for than in cities.

We have introduced these facts in order to prove that even previous to the use of vaccination, the smallpox was long known in its different degrees of intensity without leading to the division into species, such as variola, variolis and varicella, and regarding these as *different* exanthemata. It is entirely incorrect to make these distinctions, and as fallacious to wish to adduce historical proof of such a supposition. For example, Fuchs endeavors, with a waste of erudition, to prove that the variola modificata is older than the variola vera, that the pest of Thucydides was nothing else than a variola modificata, that the variola vera first came to us during the times of the Crusades, and that the varicella was a disease occurring simultaneously with this or that epidemic. The best proof that we can now-a-days adduce of the identity of the variola vera, modificata and varicella, is the establishment of the fact that they all owe their origin to one and the same contagion. Now this is plainly shown by the virus from a patient having variola vera, when it affects many persons, causing in one a lighter, and in another a severer form of the disease. And also of several

affected from a varicella, some will have variola vera, others varicella, according to their *individual receptibility*. Although such an experiment would not be purposely attempted, yet it often enough accidentally so occurs in life. For example, in clinics, where the different forms of the disease are developed in the students infected from a case of variola. And we cannot ascribe these differences to the varying intensity of the contagion, for even a furious and fatal variola hæmorrhagica can produce in others a varicella. This occurred a short time since with two sisters, one of whom died within a few days of variola hæmorrhagica, whilst the other escaped with a simple varicella.

In short, our statement above given is an irrefutable fact, supported by hundreds of cases. And we cannot impute the variety of these forms to vaccination. For instance, a child will be brought into the world having smallpox, and only some ten pustules can be found on the whole body. The child may be as fresh and vigorous as though not in the least sick. Shall we call this a variola vera because the child had not been vaccinated? We see a smallpox that hardly deserves the name occurring often enough in persons not vaccinated, whilst others who have been vaccinated and re-vaccinated fall victims to very severe variola. Nevertheless, it is a fact that vaccination has a most decided influence upon the form of the variolous process. Lately, at the request of the English Government, the question of vaccination was mooted; and Prof. Hebra proved by the statistical results of the smallpox wards, taken during a term of twenty years, not only that the number of vaccinated persons who took the smallpox was relatively less, but that these much oftener escaped with varicella. The mortality, moreover, was not more than five or six per cent., whilst with the non-vaccinated variola vera prevailed, and the mortality rose to thirty per cent. We shall return to this point in speaking of vaccination.

When, therefore, we speak of a variola vera, variola modificata, and varicella, they must be considered to stand in the same relation to each other as three different degrees of intensity of the same disease. It has not seemed to occur to any one that we might employ an analogous nomenclature in other diseases. We could, for instance, speak of a syphilis vera, modificata, and a syphilicella. In treating of measles and scarlatina, we have seen something similar, namely, that these exanthemata exhibited sometimes a copious, and sometimes a scanty or partial eruption, without our feeling forced to base a difference of species upon this fact. It must, however, be granted that with the smallpox there is more ground for making such a division, because there are notable differences to be seen in respect to the duration and issue of the disease.

The smaller the number of pustules, the shorter and less dangerous is, *cæteris paribus*, the attack. The greater their number,

the longer and severer it is. Long ago, such a form as ended favorably was called varicella, or innoxious pox, in contradistinction to variola vera, or malignant pox, which ended unfavorably. Since experience has taught that the danger increases with the number of the pustules, we can in the beginning of the disease use this as a standard by which to determine the severity of the case, when no other symptom can be depended upon. The duration of the diseased action is generally also proportional to the number of the pustules. And this can with better right be made the ground of subdivision, because there are cases where the disease is comparatively mild, and of short duration, notwithstanding the presence of numerous pustules, the latter being only superficial and their contents drying quickly. The duration of the disease, which we may express in numbers, will then afford us useful and pretty well-defined data for the different forms in which it appears. The most favorable cases, with the smallest number of pustules, i. e., varicella, lasts from the time of falling sick to the period of decrustation, at the farthest, fourteen days. The severe form, variola vera, has an average duration of four weeks, and over, if we do not take into account the accompanying metastatic processes. To all degrees between these two, i. e., where the desiccation occurs within three weeks, the name of variola modificata or variolis is given.

COURSE.—1. In the *stadium prodromorum* there are no sufficient characteristics by which to distinguish with certainty the species of disease present, and still less to determine the individual form of smallpox. The symptoms of fever do not present any peculiarities different from the other acute exanthemata, or at the most differ in the greater *severity* of the phenomena; in children, for instance. It cannot, however, be denied that the fever is sometimes quite inconsiderable. Passing to the accompanying symptoms, we must notice, because it is characteristic, the pain which many patients at first complain of in the limbs, along the spine, and especially in the region of the sacrum. This is sometimes so severe that the patient attributes it to some traumatic cause, as a blow or a fall. Hence it occasionally occurs, that the person upon being received into the hospital is sent to a surgical ward with alleged injury. The eruption of variola soon determines the state of the case. The pain in the sacrum is sometimes attributed to hæmorrhoids, or trouble in the uterus. Again, in other individuals there is pain in the scrobiculus cordis, which would be referred to the solar plexus. Besides these, are observed the most various phenomena, such as headache, vertigo, delirium, insanity, coryza, angina tonsillaris, vomiting, diarrhœa, excessive heat of the body, and in children especially, convulsions, rolling of the eyes, sopor, &c. In one case there was thought to be endocarditis, as auscultation gave a bellows-murmur; but this is a precursory symptom of all exanthemata. Thus these accompanying symptoms are very varied, and of such a nature as to afford no

definite diagnostic data. Their insensibility also has no relation to the severity of the variolous process about to follow. We often see a high fever, with the accompaniments, succeeded by a very slight eruption; and on the other hand, a severe variola occurring where the fever was but slightly marked. In general, we might say that varicella in adults occasions a stronger febrile action than variola vera. The *duration* of the stadium prodromorum also is variable. In children it is generally short, and may be readily overlooked. In adults it is longer. We might consider two or three days its average duration.

2. In the *stadium eruptionis* the special difference consists in the number of the pustules. The following, however, is to be noticed. If the first papules appear on the face, we cannot from that fact determine what form of smallpox is present. Because in all three forms the eruption *may* first appear on the face. But variola vera *always* shows itself here first, and therefore a more severe attack would be expected. If the eruption appears first on any other portion of the body, we have reason to suppose that we shall have to deal with a varicella. With regard to the form of the eruption, it should be said that in the stadium prodromorum the exanthema is frequently preceded by a redness of the skin. (Erythema variolosum or roseola variolosa.) It is important to notice that the presence of *red spots* does *not* indicate the breaking out of a variola, for this is always developed in the form of papules, these being, however, often as small as sudamina. In the great majority of cases there will soon be perceived a slight depression in the middle of the papule, because it is formed around the point of opening of the sebaceous gland and hair follicle. This is a peculiarity which we shall hereafter examine. These papules develop so quickly, from one day to the following, or even in the course of a single day, as soon to be distinguishable from the papules of measles. They will be found enlarging and projecting from the surrounding part—those on the face more developed than the others on the rest of the body.

In that form which we call varicella, this stadium prodromorum does not exist. The fever begins to-day, for instance, and to-morrow the vesicles are already present, especially in children. Even in adults the eruption comes out so fast, that on the second day of sickness the development of the vesicles begins, and the stadium floritionis commences. Yet we know that in varicella, as in variola vera and modificata, the breaking out of the exanthemata begins with the formation of papules, their duration being so short, however, that they are easily overlooked, and the disease is first determined by the subsequent vesicle. In general, it can be said the stadium eruptionis occupies two days in variola, one in modificata, and next to nothing in varicella.

3. *Stadium Floritionis*.—This comes on the fifth day, and lasts six, seven, or even eleven or twelve days. During this time the

papules develop into vesicles, growing in size from the periphery. Their contents increase, are at first clear and pure, and finally, about the eighth day, begin here and there to thicken. It is on the ninth or tenth day that we first perceive a complete opacity, and a yellow color from the change into pus. Thus about a week intervenes from the first appearance of the papules to the time the pustules are fully developed. To remember this we need only recal the analogous changes that occur in vaccination. The vaccinator takes the virus on the eighth day, because the pustule is then most fully developed. The climax of the disease may be stated to occur on the night between the ninth and tenth days, or upon the tenth day. On the tenth day there is generally for the first time a remission of the feverish and accompanying symptoms, often, however, not till the eleventh or twelfth day. From numerous observations on more than six thousand patients, Professor Hebra was convinced that an abatement took place, in the majority of cases, on the tenth day of the disease, which is first known by the refreshing sleep the patient has on the night of that day. The stadium floritionis is, however, not yet ended, but lasts till the formation of a scab commences. The pustules formed by the thickening of the contents of the vesicles, begin at once to dry up. In favorable cases this takes place very quickly, so that often on the tenth, twelfth or thirteenth day the demonstration commences. In variola vera, the change of the vesicle into a pustule is much slower, so that the pustule often remains, as such, three or five days, the desiccation beginning on the face the fifteenth or sixteenth day.

It is quite different with a varicella. Here the stadium floritionis begins on the fourth day of illness. Each vesicle remains as such but one day. On the following day it is already changed into a pustule, which lasts two days, and then becomes a crust. We can, therefore, fix three days as the length of this stadium for varicella. We must notice here one peculiarity which really belongs more to the stadium of decrustation, namely, that whilst a certain number of the pustules are already drying up, fresh ones are repeatedly coming forward.

In variola vera and modificata the above will apply only to the eruption appearing on the face, and not to that on the rest of the body. If, in these two forms, we examine a patient every day, and not only the face but the whole body, we shall see that the papules do not appear simultaneously, and that their development is not equal, so that those on the body are some one or two days behind the others on the face. If, for instance, on the sixth day we find vesicles on the face, we shall still see papules on the body. The same also later, when the face is already scabbing, and the rest of the body, the hands for instance, are covered with pustules or even vesicles. This, therefore, proves that a difference in the time of development does not belong to varicella alone, but also

to variola vera and modificata, with this distinction, however, that in the last two forms the eruption appears and disappears more in anatomical succession, and the pustules keep better pace with each other, whilst in varicella they come out here and there upon the body, without any definite order.

4. The *stadium decrustationis*, as may be inferred from what has been said, does not always begin on the same day. Experience has shown that the course of the disease is more favorable the sooner it commences. When it occurs late, the disease is protracted, and we may have metastases. Much weight is to be laid on this fact in respect to prognosis and treatment, for those cases in which the desiccation commences soon after the tenth day, i. e., where the stadium decrustationis is of short duration, end nearly all in recovery. In those in which this stage lasts very long, metastases and a fatal termination are to be feared, even if the patient appears convalescent, if the fever has left him, and the appetite has returned. It is in these cases, and in this stage, that the greatest number of deaths by variola occurs. It is seldom that any ones dies in the stadium prodromorum, and in the two following stages but few, and these mostly infants and puerperal women. Most of the fatal issues, on the contrary, happen in the fourth stage, or stadium decrustationis. It is in this stage that we find the greatest difference between the several forms of variola. Decrustation occurs quickest in varicella, slower in variola modificata, and slowest in variola vera. Or, in other words, the greater the amount of eruption the slower the decrustation, and the reverse. It begins in varicella on the tenth day, in the other forms later, and with them first on the face, and so successively over the body. In some cases the stadium decrustationis lasts a month.

[To be continued.]

CHLOROFORM AND COD-LIVER OIL IN DIPHTHERITIS AND SCARLATINA.

BY E. S. COOPER, M.D., PROF. OF ANATOMY AND SURGERY IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE PACIFIC.

[Communicated for the Boston Medical and Surgical Journal.]

THE original mortality attending diphtherite, both in this country and Europe, appears to have been but little diminished by any course of treatment in general use. In some regions of country two in three cases terminate fatally, in others four in five, and in some localities of the United States probably there is even still greater fatality.

The first two cases I attended, both in one family, died. They were among the first patients I treated on my arrival in this city, over four years ago. Such was my ill success in attempting to cure these cases for some time afterward, that I thought seriously

of abandoning the treatment of the disease altogether. I had noticed from the commencement of my practice in this disease, that the disposition to slough was always greater after I had used the probang. I attributed this partly to the effects of pressure, or bruising, incidental to the use of the instrument in young children, who are disposed to struggle. I therefore abandoned all applications to the throat, and adopted the following method, which has thus far been successful beyond what my most sanguine hope could have anticipated. Of thirty-one patients, I have lost but one, and in that case the patient* had been sick for several days, and died about eight hours after I first saw him.

My treatment is as follows: R. Chloroform, \mathfrak{z} iij.; ol. jec. aselli, \mathfrak{z} xii.; spt. terebinth., \mathfrak{z} ij. M. Signa. Apply freely all over the neck, breast and abdomen, upon flannels covered with oil silk. This I keep on constantly during the continuance of the disease, and for eight or ten days after the patient has sufficiently recovered to walk about. The object of continuance is to prevent relapses, which are very frequent and fatal, without some preventive is used. And this is what is wanted in these cases. Internally, I direct the following to be administered. R. Ext. glycyrrh., \mathfrak{z} iij.; acacia gum., \mathfrak{z} i.; antimon. tart., gr. i.; sac. alb., \mathfrak{z} ij.; aqua, \mathfrak{z} xvij. M. Signa. Give a wineglassful every two hours to a young child, say two years old, and increase in proportion to age. I have had as much, if not more satisfaction in the results of the treatment of diphtherite on the foregoing plan, than in anything occurring in my professional life besides. I therefore recommend it with confidence to the medical profession. I have tried it with nearly the same success in scarlatina. During the course of treatment I do not give patients a particle of anything else, not a drop of water, nor the least nourishment, save what is in the medicine.

The compound keeps the bowels merely soluble, alleviates the cough, dryness in the throat, and difficulty of swallowing. I have, in some instances, added a grain or two of tartrate of antimony to the compound, and occasionally omit it altogether. I am convinced that certain states of the atmosphere increase the malignancy of diphtherite, and that chloroform and cod-liver oil annul its effects almost entirely. The oil protects the skin, and the chloroform acts probably upon the air-passages, while the turpentine acts as a counter-irritant. I have been surprised, and highly gratified, by noticing the rapidity with which the stoppage of the nostrils and difficulty of breathing is often overcome through this agency, even in advanced stages of the disease.

San Francisco, Cal., December, 1859.

AURAL AFFECTIONS. CASES FROM MY REGISTRY.

BY DR. AARON YOUNG, JR., FARMINGTON, ME.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send a few notes of cases of diseases of the ear, selected from my registry, not so much because of their remarkableness, but for the purpose of supplying a modicum of aural literature, a subject which our medical journals seldom touch upon, and yet the profession at large really “know nothing about the diseases of the organ of hearing.”

I trust that the opportunities afforded by several years' attention to the subject, induced through a personal interest (for I am myself a sufferer), and enjoying an extensive practice, will be my apology for presuming to diffuse a little information on a subject which has been too long and much neglected by practitioners generally, and, I am sorry to say, but very little understood. But I have no time nor space for useless complainings, and will at once, with your permission, “report occasionally.”

No. 181.—Nov. 8th, 1859. A. C., Bowdoinham, aged 55, sallow complexion, and of intemperate habits, applied to me to help an intolerable deafness of only two years' standing. Canals moist, with an ichorous discharge. Right membrane punctured anteriorly about two lines in diameter; left, the same, three lines—both apertures being of an angular shape. The edges were thickened and villous, and the manubrium of the malleus was invisible in both ears. He thinks that “small pieces of bone came out of the left ear.” Forced expiration gave free exit to the air, with some gurgling of sound. Had at the first attack a trifling pain, but remembers nothing severe. The bursting of both membranes was simultaneous, with a discharge of bloody matter. Has a great deal of tinnitus, of a rumbling, roaring character. Has long been troubled with nasal catarrh. The habits of the patient not being of a character to attend to any faithful treatment, a weak astringent lotion was prescribed, and small bits of wetted cotton were carefully matted over the apertures. The hearing was surprisingly improved, and after a few days' instruction as to the method of applying the cotton, which he now does himself very readily, his hearing is rendered very good, and little or no difference as to the best ear, thus artificially assisted, is observed. The case is amenable to the healing process, and I trust he may yet yield to the care and attention required for its performance.

No. 199. Flora E., Brunswick, aged 9 years; deaf three years. Hearing distance, watch, six inches either side. Canals—right, normal; left, ceruminous impaction. Membranes—right, dull, with a pinkish hue; malleus prominent; left, after removal of the impaction, vascular. Owing to the tender age of the patient, the condition of the middle ear and Eustachian tube, and whether pain and tinnitus were accompaniments, could not be ascertained.

Restless and sleepless, at night, when reclining on the *right side*, but not fretful. Up to Nov. 28th, 1859, at the time of consultation, had been treated with "all sorts of drops" for the deafness, both ears alike, and without a single examination by the attending physicians. I removed from the left meatus *a pea*, in close proximity to the membrane, and confined by a thin plug of cerumen, yet allowing room enough for the pea to play off and on, according to the position of the body. The hearing on this side was very much improved, and, under the treatment prescribed, has continued to mend. The right ear was undoubtedly injured by the treatment pursued, though the deafness was primarily only in the left, and caused by the pea.

No. 225. Dec. 16th, 1859.—W. W., Rockland, aged 16; very deaf from infancy. When about five weeks old had convulsions, and lay in a state of coma three days. At the end of the third day discharges simultaneously appeared at both ears, and the apparently dying child came to consciousness. These discharges have appeared ever since. The physical signs presented are as follows. Can hear the watch at the right ear in contact; left, none. Both canals contracted and thickened. Right membrane very vascular and villous. Left destroyed, and walls of the tympanum closed to the edges of the narrow ring of the membrane remaining. A shining tubercle presents from the tympanum—through the ring, appearing like a granule of proud flesh, perhaps a polypus. Eustachian tubes free. Has a little pain occasionally, and some tinnitus. The mastoid process, on both sides, depressed. Speech indistinct, many simple words unutterable.

Here is a similar case—same place and date.

No. 226.—Sarah E., aged 13; deaf six years. When 7 years of age had scarlatina, and in the highest of the fever became comatose, and had all the symptoms of cerebral disease. Remained in that condition for *a fortnight!* "Six doctors were employed, and all gave her up to die!" But at the end of two weeks, Nature disclosed the secret, yet a "root and herb doctor," who prescribed at this lucky hour, became really famous. The membranes had burst, and the little patient got about, yet the discharges still remain. Present appearances—walls of the canals covered with a whitish and thick epithelium. Right membrane very fleshy, with a central shining point. Left, very fleshy posteriorly, and a skim-milk like scale anteriorly. Malleus, on either side, invisible. The father of the child says "a dozen or fifteen small bones were discharged from this ear"! The two shown to me ("the rest are lost") consist of the *malleus*, perfect, and the body of the *incus*. The hearing, however, is not lost on this side, in which case the stapes must be *in situ*. Both mastoids are depressed or sunken. The little patient appears bright, and learns fast at school, yet at the commencement of recovery was as simple as an infant, requiring the same care and attention.

Here is another, more interesting still, with which I will close this article, and offer some reflections in another issue of the Journal, as to the cause, effect and treatment.

No. 119. Sept. 19, 1859.—Geo. D., Bangor, aged 9 years. Had scarlatina eighteen months ago, and had a similar turn of coma as in case last mentioned, and revived on the appearance of otorrhœa, but the mastoids, both sides, are extensively involved, bursting through the parietes and maintaining a fistulous discharge—the left twelve months, now healed over, and the right still unhealed—both sunken and depressed very remarkably. The canals are so much contracted and thickened as to preclude any examination of the membrana tympani. An ichorons discharge from both, and at times a thick mucus, offensively foetid. Hearing distance—left ear, watch four inches; right, two inches. Eustachian tubes, free. The patient is active and bright as children usually are at his age.

Rockland, December 20th, 1859.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 28th.—*Tubal Pregnancy.* Dr. LYMAN reported the following case.

In January, 1859, was called to see Mrs. —, aged 24, married two and one half years. She stated that she had miscarried twice, at six and eight weeks, had always suffered more or less from dysmenorrhœa, sometimes excessively, and that there was no change in this respect since marriage. Had noticed suspicious-looking products in the catamenial discharge on the two preceding occasions; leucorrhœa to a considerable degree, pelvic weight, heat, and tenesmus constant, but much aggravated at the periods. Under treatment these symptoms gradually disappeared, and, March 14th, the report states that "she feels better than for three months."

March 24th, "much better," the periodical discharge which had just terminated being entirely "painless."

August 1st.—Found her suffering as much as ever from dysmenorrhœa, having neglected treatment, and been otherwise imprudent. Directed that three grains of Plummer's pill should be taken each night, and two or three leeches applied to each groin two or three days before the next period, after which to remain in bed until the flow was fully established. These directions were carefully followed, but the catamenia did not again appear; conception had taken place.

Sept. 3d.—Since the last report, the patient has been in ordinary health, slight morning sickness only; nothing worthy of note, except that once or twice she had been troubled with slight pain and uneasiness in the lower part of the abdomen, as though menses were about to appear, which her previous experience made her apprehensive might result in another miscarriage. An opiate, however, on such occasions, produced immediate and entire relief.

Sunday, Oct. 16th.—Was sent for in haste; found her in bed, much exhausted with *spasmodic* pain, the intervals of which were well marked, and free from suffering; no vaginal discharge, but *excessive* pain and scalding in micturition, the vesical tenesmus being most severe with the last few drops; urine very abundant and pale, litmus reddened by it; no pain in region of kidneys or down the thighs. Notwithstanding the free secretion, the diagnosis was strangury from some unknown cause, and under the use of warm fomentations, demulcent drinks, and an opiate, the difficulty soon yielded, and the following day she was in her usual health.

Wednesday Oct 26th.—On rising from bed at 7 o'clock, she expressed herself as feeling unusually well. Soon after, while stooping to arrange her stockings, sudden *diffused* pain was felt in the lower part of the abdomen, followed by faintness, nausea and vomiting of light, thin, bilious fluid. These symptoms rapidly increased in severity until I saw her at 9½. She was then in a state of extreme prostration, no radial pulse perceptible, surface dry, cold and blanched. The pain came severely in decided paroxysms, and she begged for relief from what she supposed to be bilious colic, a complaint to which she had always been more or less subject. A very short observation, however, made it evident that so great collapse was inconsistent with such a diagnosis, and her friends were warned of the existence of some fatal rupture internally, with hæmorrhage, which could only be accounted for by the extra-uterine development of the child. Ether was given to allay the distress, and at half past 10 she died. (For details of the autopsy, see Case X., page 464.)

Of the several forms of extra-uterine pregnancy, the tubal, tubular, or Fallopian, is said by authors to be the most frequent; but after some research I am unable to find, including my own and the case of Dr. Storer (occurring the past week, and reported to the Society this evening), more than eleven which have occurred in this vicinity. For convenience of reference hereafter, I have given below a condensed sketch of the most important features of each case, from the Records of the Society, the note books of Dr. J. B. S. Jackson, and personal inquiries of some of the gentlemen in whose practice the cases occurred. Three other cases have, it is said, occurred in this city, but I can get no such authentic details of them as would justify their insertion.

A very interesting case of interstitial pregnancy, reported by Dr. Stedman, may be found in the second Volume of the Society's Records, page 279. Of the remaining varieties in which the ovum was developed in the abdominal cavity, never having entered the Fallopian tube, many cases are reported. These, as is well known, are not necessarily fatal, the foetal bones being often discharged, after the lapse of years, through the rectum, vagina, bladder, or abdominal parietes. Of these it is not impossible that some may have been tubal, the development of the fœtus being arrested by its death before attaining such growth as to rupture the tube, and remaining encysted for an indefinite period; or by suppurative inflammation and adhesion forming a communication with some neighboring outlet, either with or without operative interference. The general opinion, that this variety of extra-uterine pregnancy results fatally by rupture of the tube about the third month, is probably correct in the majority of cases: but that the tube, delicate as it is, is capable of distension, without rupture,

even to such an extent as to contain a full-grown fœtus, is tolerably certain.

"De Häen speaks of a hypertrophied tube, which weighed alone seven pounds, and contained twenty-three pints of fluid."—(Boivin and Duges, London, 1834, p. 501.) The same authors quote another case from Frank, in which after death (from phthisis) "thirty-one pints of aqueous and gelatinous matter were found in the left Fallopian tube." In the *Cyclopædia of Practical Medicine*, Vol. IV., p. 599, Saxtorph's case is mentioned, in which the patient went to the end of the ninth month. In Dr. Perry's case also (see below, No. V.), the tube was not ruptured, though the patient was between six and seven months pregnant, the fœtus weighing two pounds and measuring $13\frac{1}{2}$ inches. Andral mentions a case (not pregnant) in which abscess of the Fallopian tube opened into the rectum. (*Anatomie Pathol.*, t. ii., p. 700.) In Vol. LV. of the *Boston Med. and Surg. Journal*, there is a case from the *American Magazine*, a journal of the last century, reported by Dr. Nathan Hale, of Newbury. The patient died of phthisis, in July, 1745–6, having carried the tumor some fourteen or fifteen years, and bearing six children during that time. Soon after the birth of the last, and four months before death, a discharge of matter took place near the umbilicus, and a month before death the bones of an entire fœtal skeleton, of full size, were removed through the opening! The autopsy showed that the right Fallopian tube had contained the fœtus.

As to the symptoms of tubal pregnancy, there seem to be none which can be considered as pathognomonic. Of the cases reported here, two complained, for some time previous to the fatal attack, of constipation, and severe pain in defæcation. Painful micturition, amounting to strangury, was noticed in two of the cases, in one two months, the other ten days before death; and in two others, attacks of acute pain and syncope occurred about ten days before death. In four of the cases there had been more or less hæmorrhage during the pregnancy, supposed to be catamenial. Ten of the eleven cases occurred in married women, of whom four had previously borne children. The age averages 26 years. The right tube was the seat of pregnancy in eight, the left in three cases. Of the ten cases in which mention is made of the decidua, four were found to have it well marked, thus confirming the statement of Cazeaux and Lee in opposition to that of Velpeau.

To complete the list of cases of extra-uterine pregnancy in possession of the Society, it may be well to refer here to three of the abdominal variety; the first presented by Dr. Miller, of Franklin, in which the tumor was carried seven years, the woman in the mean time bearing three living children. The fœtus, weighing $4\frac{1}{2}$ pounds, was finally extracted through an incision below the umbilicus. The second, a patient of Dr. Bossuet. In this case, at the end of three years, the fœtus found its way into the bladder. A communication was afterward formed between the bladder and rectum, so that the urine and feces would pass either way. Finally, nine years from the date of pregnancy, Dr. B., by the operation for lithotomy, removed from the bladder 146 bones of a seven months' fœtus! See Catalogue of the Cabinet of the Boston Society for Medical Improvement, pp. 225–226. The third case is reported by Dr. Putnam. In this case the patient died apparently of exhaustion, about the fourth month. The placenta,

which was unusually large, was found "attached to the region of the sacrum and rectum." In this case, also, severe pain at every fecal evacuation was a prominent symptom.—*Records of Boston Society for Medical Improvement*, Vol. I., p. 337.

I.—Case of Dr. SHURTLEFF. 1840. (From *Records of Boston Society for Medical Improvement*, Vol. III., p. 104, and from note book of Dr. J. B. S. Jackson.)

Age 32 (Dr. S. says married), two living children. Probably in third month of pregnancy. Two months before death, attacked with pain in bowels, strangury, and uterine hæmorrhage, which continued more or less during life, with frequent syncope. A week before death had peritonitis; so far relieved of this as to be about, the last three days. Constipation, and extreme pain when at stool; not stated how long this latter symptom prevailed. Lived $3\frac{1}{2}$ hours; two quarts of blood in abdomen, from rupture of right tube; uterus $4\frac{1}{2}$ inches long; no decidua; foetus $4\frac{1}{2}$ inches long. Traces of peritonitis, as lymph, &c., about parts. Corpus luteum, 3 by 4 lines.

II.—Case of Dr. FLINT. June, 1842. (From *Records of Society*, Vol. III., p. 104, and Notes of Dr. Jackson.)

Age (Dr. F. states about 27); had had three children; period of pregnancy not stated (probably six weeks); no previous hæmorrhage, or other unusual symptoms; lived twenty-four hours. Right Fallopian tube distended near uterine extremity to size of "last joint of finger," and lacerated two thirds of an inch. Ovum, amnion and chorion well marked; foetus not found; three quarts of blood in abdomen. Uterus three inches long; no decidua. Corpus luteum in right ovary, well marked, seven by five lines. Case seen by two other gentlemen before death; considered by one to be aneurism, by the other peritonitis.

III.—Case of Dr. BUCK. July, 1842. (From *Records of Society*, Vol. III., p. 104, and Notes of Dr. Jackson.)

Age 24; married in April; first pregnancy, probably two months. Had slight "show" for a few days, which ceased twenty-four hours before death. Had catamenia in April; died July 10th. After brutal treatment by husband, thirty-six hours before death, symptoms of internal hæmorrhage appeared. Lived 36 hours. Five pints of blood in abdomen; left Fallopian tube lacerated for extent of two lines; ovum not escaped. Uterus $3\frac{1}{2}$ inches long; no decidua. Foetus, 3-8th inch. Corpus luteum in left ovary. Patient seen by Dr. BIGELOW, and rupture diagnosticated before death.

IV.—Case of Dr. FISHER. No date. (From *Catalogue of Cabinet and Records of Society*, Vol. III., p. 104.)

Age 18, married ten weeks; supposed two months pregnant. Had frequent and profuse hæmorrhage since a fortnight after marriage, with slight pain and tenderness above right groin, and sense of fullness in the abdomen. Lived twenty hours after attack. Three quarts blood in peritoneal cavity. Right Fallopian tube ruptured. Uterus $3\frac{1}{4}$ inches long; no decidua. Foetus $\frac{3}{4}$ inch long, not escaped from tube. No mention of corpus luteum.

V.—Case of Dr. PERRY. May, 1843. (From *Records of Society*, Vol. III., p. 105, and Notes of Dr. JACKSON.)

Age 34; married eleven years; first pregnancy, and supposed to be between six and seven months. Had suffered during married life from dysmenorrhœa; had never miscarried. Since beginning of pregnancy

had been unable to stand erect from soreness in hypogastrium. Dysuria not more than usual in early months; somewhat constipated, but no pain in defecation; thought she perceived motions of child. These ceased six weeks before death, when she was attacked with purpura, after which uterine hæmorrhage, but not to a large amount, was frequent. Two weeks before death had copious epistaxis for three days, and again during the last week. After death, the right Fallopian tube was found dilated into a large cyst, filled with a bloody fluid, and containing also the fœtus, $13\frac{1}{4}$ inches long, and weighing two pounds. The bloody fluid had evidently, it is stated, been effused into the sac long before death. No rupture of the tube, and no hæmorrhage into the peritoneal cavity. Cyst filled cavity of pelvis, and extended into hypogastrium. Uterus four inches long; no decidua. No trace of corpus luteum in right ovary, though thoroughly examined; left ovary not found.

VI.—Case of Dr. OAKES. May, 1854. (From *Records of Society*, Vol. II., p. 117.)

Age 25, unmarried; three months pregnant; no previous hæmorrhage. Had nausea, vomiting and pain in the uterine region for ten days previous to the fatal attack, which finally came on suddenly, with pain, vomiting and collapse. Lived four and a half hours. Fourteen pints of blood in peritoneal cavity. Ovum contained in left Fallopian tube, which was dilated to size of fist in its middle portion, but the seat of perforation could not be found. Dropsy of right Fallopian tube, which was distended to size of fist. Uterus four and a quarter inches long; decidua well developed. Evidences of attempt at abortion. Corpus luteum in left ovary, 1 by $\frac{1}{2}$ inch.

VII.—Case of Dr. TEBBETTS. July, 1855. (From *Records of Society*, Vol. II., p. 257.)

Age 25, married; probably third month of pregnancy; not stated whether she was ever before pregnant. No previous hæmorrhage. Confessed to having attempted abortion by medicine. Lived 7 hours. Six to eight pints of blood in abdomen. Right Fallopian tube, near distal extremity, distended to size of an English walnut and lacerated; the ovum had not escaped. Another fœtus found in uterus about 3 inches long. Two well-marked corpora lutea in right ovary.

VIII.—Case of Dr. BROOKS. February, 1857. (From *Records of Society*, Vol. III., p. 102.)

Age 25, married; one child two years old. Ten weeks pregnant. No previous hæmorrhages; complained of pain in pelvic region for four or five weeks preceding, when evacuating bowels. Lived twenty-eight hours. Peritoneal cavity filled with blood. The sac near the distal extremity of the right tube, lay by the side of, and over the rectum, and was extensively lacerated; fœtus not escaped. Uterus $3\frac{3}{4}$ inches long; decidua well marked. No trace of corpus luteum in either ovary, though carefully examined.

IX.—Case of Dr. HOOKER. November, 1857. (From *Records of Society*, Vol. III., p. 183.)

Age 25, married about five months; seven weeks pregnant; no previous hæmorrhage. Eight days before fatal attack, seized with sudden acute pain and syncope; relieved by opiates, and in two or three days able to be about the house, though with some measiness remaining in left hypochondrium. At time of fatal attack, "felt something give way in bowels, just below navel," with acute distressing pain

and faintness. Lived twenty-four hours. Three quarts of blood in abdomen. Tumor of left Fallopian tube, $1\frac{1}{2}$ inch long $\frac{3}{4}$ inch broad. No embryo found, but placenta distinctly recognized. Decidua not mentioned, but a recent examination of the specimen with Dr. JACKSON, shows it to be well marked. Corpus luteum in left ovary, and both ovaries contained hydatids.

X.—Case of Dr. LYMAN. October, 1859. (Not before published. Autopsy from Notes of Dr. ELLIS.)

Age 24, married two and a half years; miscarried twice, at six and eight weeks. Had always suffered from dysmenorrhœa. Ten weeks pregnant. Slight pains and uneasiness in pelvic region during that time. No previous hæmorrhage. Ten days before death, had a very severe attack of pain in pubic region, like strangury, which was relieved by an opiate. Fatal attack came on with sudden diffused pain in hypogastric region, spasmodic in its character, with distressing rather than painful intervals. The rapid collapse led to a correct diagnosis before death. Lived three and a half hours. Two quarts of blood in abdomen. Right Fallopian tube dilated from its uterine termination outward, into a sac two inches in diameter, the sulcus separating it from uterus being strongly marked, though shallow. From sac to fimbriated extremity, three and a half inches. Rent in upper anterior portion of sac, one and a half inch long. Fœtus, 3 inches in length, lay in pelvic cavity, length from vertex to umbilicus 2 inches. Cord unbroken. Uterus much softened, length 3 5-8 inches; breadth at widest part, $2\frac{1}{4}$ inches. Vascularity increased, vascularity of sac very marked; decidua perfect. Fine corpus luteum in right ovary, $\frac{3}{4}$ of an inch in diameter. Cyst, size of a pea, upon the left ovary, and within, traces of an old corpus luteum.

XI.—Case of Dr. STORER. November, 1859. (Not before published. Autopsy from Notes of Dr. ELLIS.)

Age 27, married six years; two children, last one $3\frac{1}{2}$ years of age. About ten weeks pregnant. Between four and five weeks before death, discharge appeared from uterus, supposed to be catamenia; continued for three weeks, ceased and re-appeared a day or two before death. Previous to pregnancy had suffered much from uterine derangement. Was attacked about breakfast-time with agonizing pain, "as if she was going to have a child." Failed gradually, with usual symptoms of internal hemorrhage. Lesion correctly diagnosed. Lived six hours. Three pints of blood in abdomen. Sac in right tube, oval, and extending through its outer half; $1\frac{1}{2}$ inch long, and 15-16ths of an inch broad. Tube pervious for some distance between sac and uterus. Rent irregular, one third of an inch long, and no part of ovum escaped. The left tube apparently ended in a cul de sac, but on pressure a reddish secretion issued from two points. In left ovary, several Graafian vesicles, and remains of two old corpora lutea; in centre of largest one, a little blood. In right ovary, a beautiful specimen of corpus luteum, half an inch in diameter, thickness of capsule from two to three sixteenths of an inch in diameter. A cavity in centre occupied the remainder, and was lined by a strong, well-marked pearly membrane, with blood effused beneath half of it. Uterus, $3\frac{1}{2}$ inches long, and no sign of decidua; the contrast in this respect with the preceding case being very striking as seen together.

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 BOSTON, JANUARY 5, 1880.
 

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STAMMERING: METHODS OF CURE.—We entered somewhat into detail upon this subject last week, in connection with a notice of a pamphlet devoted to the consideration of the Cause and Cure of the infirmity; and we intimated an intention of again referring to the matter.

The expression “attacking the sound,” made use of by Rev. Mr. Cazalet, the author of the above-mentioned *brochure*, to convey the idea of his method of cure, is not easy to understand merely in words. It would be best comprehended by seeing the method put in action—and this he himself admits. We endeavored in our last issue to give such extracts from Mr. Cazalet’s work as would illustrate—so far as description alone can do—the process referred to by the phrase “attacking the sound.” We will once more cite the author’s explanatory remarks. “The first point to be considered is the method of *attacking the sound*, that is to say, of placing the articulating organs in such a position as to modify the sound in the manner required.” \* \* \* “To understand articulation rightly, it will be necessary to explain the organic formation of the letters of the alphabet. These are usually divided into mutes, liquids, and vowels. As the lips, tongue, and teeth are the only organs employed in the formation of letters, it is evident that the combinations cannot be very numerous. The principal cause of difference or distinction is to be found in what may be called the different pressures of the organs for the various letters. Thus the B is a letter requiring hard pressure, the outer lips are pressed forcibly together, and the attack of the open sound is made simultaneous with the vocalization of the breath. This rule is invariable, differing only in the force required for the letter. The P, on the contrary, although produced by precisely the same action of the outer lips, is made by a gentle pressure only, and this distinction should be preserved throughout all the letters of the alphabet made by different pressures.” We have not space to quote more upon this portion of the subject. The author has entered very fully into the *management of the voice*, in another work—as we mentioned in last week’s JOURNAL. His directions seem to us admirably suited to the requirements of all persons obliged to speak in public.

Under the head of “General Observations,” Mr. Cazalet refers to the necessity the stammerer is under in order to advance toward a cure—“of restraining his own efforts.” The abandonment of force, in endeavoring to produce the articulate sound desired, is one great element of success. The stammerer cannot believe, at first, that the less effort he makes, the more likely he is to enunciate clearly. “Even when many errors have been removed, the habit of forcing will often recur at intervals, until entire control has been acquired over the organs of speech.”

The quality of the sound to be produced, is to be particularly attended to; and the stammerer should seek to make it “clear” and “vibrative” in character—this result being the test of right action of

the organs in articulating. "The voice," says Mr. Cazalet, "should, in a manner, be played upon like a wind-instrument, the articulating organs acting upon the voice as the fingers upon the holes. In attacking the sound, attention should always be paid to the pitch of tone; by this alone, relief will often be obtained, and assistance afforded, more especially when the stammerer is called upon to keep up a conversation, or to speak or answer suddenly."

Allusion is also made by the writer to the powerful influence of well-regulated *respiration*, in the attempt to remedy stammering. Stammerers, as a rule, "seldom make any free use of the lungs, and the power of proper inflation being thus, to a certain extent, lost from want of practice, indistinctness of speech necessarily arises." But all *extremes* should be avoided. Many empirical pretenders to success in curing stammering, advocate that excessive straining and effort of the breath which has been judiciously condemned by Mr. Cazalet. He states that he had, while writing his pamphlet, an instance under his observation "of an unhappy victim of such a system, who had actually broken a bloodvessel, and was very near falling a sacrifice to his own terrific exertions." A proper use and inflation of the lungs is, on the other hand, strongly to be encouraged.

The neglect of the medical profession to follow out, more perseveringly, efforts to cure stammering; and the unwillingness manifested at attempting such a cure, have naturally enough left the sufferers an easy prey to designing and ignorant pretenders, who pocket the money of their dupes, but fail to restore them the use of the organs of speech. Such persons sometimes announce that they cure stammering by *electricity*, and by that alone. Advertisements to this effect every now and then appear in the newspapers of the day, and deceive scores of the credulous multitude. Scientific men—both elocutionists and physicians—should endeavor to rescue the management of these cases from the abuse which too frequently surrounds it, both in this and in every community.

No stammerer should be allowed by his guardians and friends to neglect attempts at cure; for, aside from the painful nature of the infirmity, both for the individual affected and for those who witness his hideous grimaces and distressing efforts, the mind is likely to become affected secondarily. "Mental hesitation may, and often does, follow as a consequence of defective utterance." \* \* \* "There is a strict analogy between the organic and mental condition. And though the defect of stammering is, and ought to be, treated as local, there are circumstances attending it which must be looked upon as general."

The last remark leads us, in closing this article, to refer to the powerful influence exercised over the stammer by teaching him to *enunciate rhythmically*. This is a general, rather than a local action, and to this method we alluded at the end of our first article on this subject. Whilst in the Dispensary consulting-room of Mr. Yearsley—the well-known aurist of London—a few weeks since, a boy of some ten years, who stammered fearfully, was presented to Mr. Y. for advice—having come in by some chance amongst the out-patients, possibly on account of this surgeon's reputation in what he has termed throat-deafness and other kindred affections. We never met with a worse stammerer, nor did we ever witness the defect disappear more quickly and entirely—at least for the time he was under training. Having been instructed

how to speak, i. e., in a sing-song, cadenced style, the little patient talked as smoothly and freely as any one, much to the surprise of his mother and himself. This method, as we have previously said, has been tried heretofore, with more or less lasting curative results. Is it not probable—nay certain—that the relapses which are chronicled as following its apparent success, are owing to patients not being persevered with by their medical attendants, or by others who undertake to manage such cases? If this means, so completely successful at first, be resolutely followed until the *habit* of stuttering be overcome, the triumph is certain. Has it ever, yet, been long enough tried?

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LECTURES ON SANITARY SCIENCE.—We wish to call attention to a proposal of Mr. E. Y. ROBBINS to deliver a short course of lectures on the subject of sanitary science in this city. The first lecture has already been given, and will be repeated, if a sufficient number of tickets can be sold. Mr. ROBBINS is recommended in the highest terms by a committee of influential citizens who are competent judges of his abilities to do justice to this important subject. At no time could public attention be more appropriately awakened to the necessity of sanitary measures than at the present, while a loathsome disease is prevalent among us, which might have been wholly prevented by the adoption of the most simple means. The employment of vaccination as a preventive of smallpox is, however, but one of the many blessings which a knowledge of sanitary science might secure to us, and a lamentable ignorance of the subject still prevails among us. It is quite time that these important facts should be generally known.

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CONVENTION OF MEDICAL TEACHERS.—We desire to correct a statement which we inadvertently made in a late number, respecting the Convention of Medical Teachers to be held at New Haven on the day before the next annual meeting of the American Medical Association. In the number for December 13th (page 404) we said that the Convention would meet at New York on June 1st. It is the meeting of the *Committee of Conference*, appointed by the Convention and by the Association, which will be held in New York, June 1st, at the College of Physicians and Surgeons, corner of East 23d street and 4th Avenue. The Convention of Teachers will meet on the following Monday, June 4th, at New Haven.

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HEALTH OF THE CITY.—Consumption, smallpox and scarlatina were the chief fatal diseases of the past week, in the proportions respectively of 22, 10 and 6. Of the first named, 8 males and 14 females died. Of smallpox, 6 males (2 children and 4 adults) and 4 females, all children, died. Two of the deaths by old age were of males, aged 85 and 84, and one a female, aged 89. Of the whole number of deaths, 37 were of subjects under 5 years of age, and 25 between 20 and 40. The causes of death were reported by physicians in 19 cases only out of the 87. The total number of deaths for the corresponding week of 1858 was 86, of which 20 were from consumption, 7 from pneumonia, 0 from smallpox, 4 from scarlatina, 3 from old age.

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MASTICH IN INCONTINENCE OF URINE.—Dr. DEBOUT strongly recommends the employment of the tears of gum mastich in the incontinence of urine of children, in the dose of one drachm night and morn-

ing. It may be made into bolus with syrup, or divided into pills. The cure is usually effected in four days, but if the remedy is not successful in eight days, it is useless to continue it longer. It has proved successful in more than two thirds of the cases in which Dr. DEBOUT has employed it.—*Union Médicale*.

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CHLORATE OF POTASH. *Messrs. Editors*,—In the recent number of your JOURNAL, dated December 8, 1859, I notice that you publish the statement of Dr. Henry Osborn, that he has discovered *toxic* properties in the chlorate of potash. Allow me to call your attention to a reply to this, published in the *New York Medical Press* of Nov. 19th, 1859, in which I think I have demonstrated that the chlorate of potash has no such property. I refer to cases in my practice in which I have given from half an ounce to an ounce daily, with the happiest effect, and no unpleasant symptom; and immediately upon reading the views of Dr. Osborn, as published in the *Philadelphia Medical and Surgical Reporter*, I dissolved *half an ounce* of the chlorate of potash in a tumblerful of hot water, and drank it all at once. I described the effects produced, which were not of the least injurious character, and certainly not *toxic* in the slightest degree. The publication of Dr. Osborn's statement, that he experienced "*pain in the head, symptoms of congestion of the brain, slight paralysis of one side of the face, and loss of taste*," (!) all from taking "*at intervals of some weeks, doses of from five to fifteen grains of the chlorate*" (!) is calculated to do much harm with those who are willing to believe such an improbable story.

I shall presently report some cases in which I have administered it in large doses (half an ounce daily) for the arrest of tubercular disease, with perfect success. Several have recovered on its use with surprising rapidity, after the failure of ordinary tonics, cod-liver oil, hypophosphates, &c. The cases verify the prediction I made on theoretical views, in a paper on the properties of chlorate of potash, published in the *New York Journal of Medicine* of July last. I take the liberty of sending you a copy of the same, as it may have escaped your notice. You are at liberty to use this in any way you think proper; but my object in writing to you is simply to call your attention to my notice of the alleged *toxic* properties of the chlorate of potash, published in the *New York Medical Press*.

Very respectfully, Yours, &c.,

Davenport, Iowa, December 17, 1859.

E. J. FOUNTAIN.

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AN ABBATOIR, such as exists in the vicinity of Paris, is proposed to be established adjoining one of the large drove-yards in the suburbs of Philadelphia. Instead of driving cattle through the densely populated portions of the city to private slaughter houses, which is attended with inconvenience and danger, they can be slaughtered and dressed, and brought, during the night, to the shambles. There would be some hygienic advantage in removing many nuisances which necessarily attend the slaughtering of animals in various localities, as it is now done, and greater economy, and the useful preservation of the offal, could be better effected, if the work of the butchers were confined to one locality.—*Philadelphia Medical and Surgical Reporter*.

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ERRATA.—Page 370, line 16, for "explanations" read *explorations*; line 40, for "larger" read *longer*.

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*Books and Pamphlets Received*.—Transactions of the American Medical Association, Vol. XII.—Sketches of Rhode Island Physicians, deceased prior to 1850. By Usher Parsons, M.D.—Selections from a Report on Ovariectomy. By J. Taylor Bradford, M.D., Augusta, Ky.

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*Deaths in Boston* for the week ending Saturday noon, December 31st, 87. Males, 45—Females, 42—Apoplexy, 1—bronchitis, 2—inflammation of the brain, 1—congestion of the brain, 1—cancer, 1—consumption, 22—convulsions, 3—croup, 4—cirrhosis, 1—debility, 2—puerperal disease, 2—dropsy in the head, 2—drowned, 1—scarlet fever, 6—typhoid fever, 2—gastritis, 1—homicide, 2—disease of the heart, 2—inflammation of the lungs, 2—marasmus, 1—old age, 3—pericarditis, 1—premature birth, 1—scalded, 2—smallpox, 10—sore throat, 1—unknown, 9—whooping cough, 1.

Under 5 years, 37—between 5 and 20 years, 7—between 20 and 40 years, 25—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 60—Ireland, 22—other places, 5.



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## PHTHISIS IN CALIFORNIA.

BY G. L. SIMMONS, M.D., PHYSICIAN TO THE SACRAMENTO CO. HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

IN the early history of Americanized California, the accounts of the salubrity of the climate transmitted to the East caused many phthisical invalids to look toward our State for that alleviation or cure which seemed to be denied to them in other localities. The beneficial effects on asthma and some affections of the larynx, produced by a short residence, served to increase the confidence of all in the expressed opinion of the pioneers that the peculiar climate of California was well adapted to sufferers from all diseases of the air passages. The members of the medical profession were particularly ardent in the advocacy of its superior claims, and numbers of invalids were induced to visit our shores and test the virtues of the diversified climates of our valleys, mountains and seaboard.

After the lapse of a few years, the attention of physicians was called to the necrological statistics which had been commenced by several undertakers in the larger cities and towns. A glance at these was sufficient to show that the per-centage of deaths from phthisis controverted the previously received opinion that few well-marked cases of the disease were to be found in California; still the number was so small, that several writers published the idea that they were cases of confirmed disease before arriving in the State, and that where such a condition was not present, no danger need be feared from the dreaded enemy.

Time has now revealed the fallacy of this opinion. The experience of ten years is before us, and our local statistics reveal the fact that the per-centage of deaths from consumption in the cities and towns of California is as large as in many portions of the older States.

While a radical change, founded upon experience and statistical information in relation to the prevalence of the disease and the adaptability of the climate for the consumptive, has taken place in

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the minds of most of our local physicians, it is evident that some practitioners at the East have not availed themselves of the facts in this connection, and continue to recommend a residence here to those who are affected by pulmonary disease.

In the exercise of my duties, I have frequently met with patients of this class, who had been ordered to California. With no definite directions in relation to the best route, and no suggestions that beneficial effects would more probably follow from a trip via "*Cape Horn*," the invalid generally seeks our State by the quickest route, and arrives exhausted by the rapid trip on crowded steamers, through a great variety of climates. Somewhat broken down in mind and body, he frequently travels from the bracing winds of the coast to the genial climate of the interior valleys, where, during the greater portion of the year, the great contrasts between the heat of the day and night, and the debilitating effects of malaria, exert a highly injurious influence on the disease.

As before intimated, the earlier records of the State tell us of few cases of tuberculous disease of the lungs. Travellers through the territory of *Las Californias* have generally claimed for its inhabitants an exemption from the severer forms of pulmonary disease. The vigorous constitutions of the early Californians, their habits of horseback exercise and free use of beef and fat, were undoubtedly powerful agents in preventing that condition which is favorable to the development of tuberculous disease. The pioneer American settlers were also remarkably vigorous and of manly habits. In most instances they had reached the Territory either by a long and perilous journey over the Nevadas, or by sea, after serving a severe apprenticeship on the whaleship or merchantman. The hunters for years in the wilderness west of the Rocky Mountains, in the pursuit of game have crossed the great mountain range which forms the eastern boundary of California, and in many cases the luxuriant soil and pleasant skies tempted them to remain and fix their rough homes in the valleys of the Pacific Coast. Among such a people, we could hardly expect to find that class of diseases which seems to thrive best in the midst of a sedentary population.

Upon the discovery of gold, a new class of population rushed to California from every portion of the globe; and as the country became thickly settled, the habits, social customs and necessities incident to a town life at the East were introduced into the principal places, and from that period consumption began to appear upon the death record.

Since 1850, a mortality record has been kept in Sacramento by the undertakers of the city; and from this, Dr. T. M. Logan framed with great care his series of valuable mortuary tables, which he appended to an able report on *Topography, Meteorology, Endemics and Epidemics*, read before the State Medical Society at its session in 1857. For the purpose of presenting some facts in re-

lation to the increase and prevalence of phthisis in California, I have copied the following table of the per-centage of deaths from phthisis during the period from 1850 to 1857 inclusive.

| Year. | Per-centage of Deaths<br>from Phthisis. |   |   |   |   |   |   |   |   |       |
|-------|-----------------------------------------|---|---|---|---|---|---|---|---|-------|
| 1850  | -                                       | - | - | - | - | - | - | - | - | 2.89  |
| 1851  | -                                       | - | - | - | - | - | - | - | - | 6.79  |
| 1852  | -                                       | - | - | - | - | - | - | - | - | 4.09  |
| 1853  | -                                       | - | - | - | - | - | - | - | - | 6.61  |
| 1854  | -                                       | - | - | - | - | - | - | - | - | 10.94 |
| 1855  | -                                       | - | - | - | - | - | - | - | - | 13.27 |
| 1856  | -                                       | - | - | - | - | - | - | - | - | 17.72 |
| 1857  | -                                       | - | - | - | - | - | - | - | - | 17.36 |

It will be noticed that the per-centage for 1852 is less than that of the preceding year. This is accounted for by the fact that during that year an epidemic of cholera visited the city, and consequently the entire mortality was much greater.

The Sacramento City and County Hospital for the relief of the indigent sick, was established a few years ago, under the general laws of the State, by the local authorities, and excepting in rare instances patients are only received from the district whose bounds are the same as those of the city and county. This district is located in the midst of the great Sacramento Valley, and its inhabitants are subject to the malarious influences which obtain in that region. The city is located near the north-west corner of the district, but supplies only about one third of the cases treated at the Hospital—a large majority being sent from the north-eastern and eastern portions of the county, where the malarious poison seems to be more concentrated, since the introduction of mining ditches and reservoirs and the consequent increase of the products of vegetable decomposition. The average number of patients is about sixty; and to show the reader the nature of the principal diseases, I have compiled the following table from the general record of the institution.

*Table showing the per-centage of the principal diseases in one thousand cases.*

| Name of Disease.        | Per-centage. |
|-------------------------|--------------|
| Intermittent Fever      | 28.          |
| Continued Fever         | 4.20         |
| Rheumatism              | 9.69         |
| Ophthalmia              | 4.74         |
| Bronchitis              | 2.26         |
| Diarrhœa and Dysentery  | 3.77         |
| Local and General Palsy | 3.33         |
| Diseases of the Heart   | .53          |

In May, 1858, I commenced my duties as Resident Physician, and since that time have paid considerable attention to the history of phthisical cases. In most of them I have verified my diagnoses by autopsies, which although conducted in the midst of a busy professional life, were sufficiently extended to determine the nature of the disease and the parts implicated.

It has been my invariable custom, whenever an application was

made for admittance by a patient with confirmed phthisis, to endeavor to persuade him to remain away from the Hospital air and associations. In numbers of instances my advice in this respect has been followed. During this period of about eighteen months there have been seventy-nine deaths from various causes; and of this number, twenty-five, or 31.64 per cent., were from phthisis. It will be of interest to note the fact that but four of these twenty-five cases ever remembered to have had any trouble about the thoracic organs prior to their emigration to California. Of these four, two were affected by confirmed disease at the East, and were recommended a residence in California for relief; the other two had been affected by hæmoptysis and other incipient symptoms.

Of the twenty-one cases who were confident of the presence of no pulmonary symptoms prior to leaving their old homes, seven had mothers who died of consumption; and, in one case, both parents were affected by the same malady. In the majority of the remaining cases, the parents were living, and the sufferers had no knowledge that the disease was hereditary. They had pursued the usual occupations of the people of this section, and in numbers of instances had been seriously affected by the periodical fevers so common here at certain seasons of the year.

It has been the custom, among some of the wealthier families of California, to take from the Digger tribes of California Indians, young boys or girls for the purpose of bringing them up to service, and thus to supply the existing scarcity of help. In many cases these boys and girls, on arriving at the age of puberty, have become the victims of tuberculous disease. In one of the fatal cases at the Hospital, occurring in a native Indian girl who had been living with a white family for five years, the tuberculous deposition was found in the lungs, mesenteric ganglions, liver and brain.

It is probable that few of the Digger Indians, when left in their natural condition, are affected by tubercle; but it is certain that frequent deaths of their offspring occur from tuberculosis, when they exchange their mud huts and vermin diet for the comfortable homes and food of civilized people.

It is difficult to give a good reason for the development of a tuberculous cachexia in Californians who are not hereditarily predisposed to phthisis. Our white population are generally well fed and properly clothed, and do not abuse spirituous liquors. It is probable, however, that the same causes which have led to the rapid filling up of our State Insane Asylum, exert considerable influence in this connection, and cases of mental depression induced by disappointed hopes in the strife for wealth and position are very common.

In some respects, a resident of California is subjected to certain peculiar influences which are unknown in other sections of the

Union. The periodicity of the rains and the low measure of humidity during the dry season are the chief of these, and it will be interesting to determine whether the mild and elastic climate of our valleys generates diseases of the respiratory organs, or whether the prevalence of pulmonary affections has been induced by those exhausting vices and passions which interfere with the nutrient function and lower the vital forces.

*Sacramento, California, November 1, 1859.*

## REPORT OF PROF. FERDINAND HEBRA'S LECTURES ON VARIOLA,

DELIVERED AT THE GENERAL HOSPITAL AT VIENNA.

[Translated from the *Allgemeine Wiener Zeitung*, Nos. 23, 33, 35, 36, for the Boston Medical and Surgical Journal.—Continued from page 455.]

BY E. JOY JEFFRIES, M.D.

THESE crusts are not all alike in appearance. Those on the face, for instance, are different in shape and color from others on the extremities, especially on the hands. On the face they are yellow, like dried gum, stand out like tubercles, and are brittle. The fluid dries as if it was outside the epidermis. On the rest of the body the scabs are more or less flat, and on the hands look like brown lenticular-shaped bodies, embedded between the layers of epidermis, from which they can be peeled out. The shape of their under surface also varies. The majority are compact and flat; some, however, like a pod, have the upper surface convex. On removing them, there will be found underneath, little projections, called smallpox warts; but these afterward disappear. Under the scab the skin is reddened, but not always indented and scarred, in fact very often smooth. A scar comes only on those places where the suppuration has extended down deep. Hence, even after confluent smallpox, the scars are seldom universal, but are seen on isolated spots.

With regard to the shape of the variola eruption, we must notice that the pustules were once considered to have such a characteristic form that a single one was sufficient to determine the diagnosis. Prof. Hebra has for many years called attention to the incorrectness of this idea. The smallpox eruption has not of itself *any* characteristic peculiarity. We find in other diseases of the skin, papules, vesicles, and pustules exactly like those of variola. We need, therefore, the aggregate of all the appearances for the diagnosis of the disease. And in the majority of cases this is easy only because we know of no other similar acute disease accompanied with fever, and causing such an eruption on the whole body. The affection that resembles the variola in its external appearance, namely a syphilitic pustular eruption, might readily be mistaken for it when feverish symptoms are present.

The size of the pustules depends upon whether they stand alone, each one occupying a single hair follicle, or a group of follicles close together. By observing carefully, we shall see that upon the same person some pustules are not larger than the head of a pin, others as large, or even larger than a bean, and that the larger ones are formed by the confluence of the smaller. The smaller ones, about the size of a pin's head, surround the openings of the hair follicles. They are not exceptional, but are seen everywhere near the larger ones. In some cases the pustules do not exceed a millet or hemp seed in size. This form is distinguished by the name of *variola miliformis seu miliaris*. In localities where *miliaria* is very prevalent, it may be mistaken for *variola*. In the majority of cases the pustules are of the size of a pea. Sometimes several run together, forming a larger one like a bubble, the size of a bean, a walnut, or even a pigeon's egg. Hence they get the names of *variola globulosa*, *conica* or *pemphigosa*, which are found in many works. So mention is made of a *variola verrucoso*, that is, where the little wart that we spoke of above, is formed under the crust. These characteristics are, however, of no practical value. We might, in fact, make the list of them as long as we choose.

It was once thought that the upper surface, and the structure of the pustule, afforded especial characteristic differences. Thus we had, 1st, "dells"; 2d, "pseudo-membranes"; 3d, a "cellular structure." We will now see what is to be made of these data.

A "dell" is understood to be a navel-like depression on the summit or greatest convexity of the pustule. But this is by no means peculiar to a *variola* pustule. We know that the sebaceous glands when filled often appear like little bubbles, and when distended like vesicles. If the centre is depressed, like a little dell, it is called *molluscum varioliforme*, or *comedo varioloformis*. Here, therefore, the dell is caused by the accumulation of the sebum. We can also see this little dell or depression on vesicles or pustules caused by the action of croton oil, or tartarized antimony, on the skin. The same may be found in herpes, in scabies, &c. We explain this as follows. In recalling the construction of a hair-follicle, we must not forget that it does not form an empty space, but is filled up with epidermis-cells, the epidermis continuing, as is known, into the follicle, and forming a sheath for the root of the hair. If, now, from any cause, an exudation occurs into a hair-follicle, the epidermis-cells imbibe the fluid, become succulent, and the swelling shows itself by a projection in the form of a papule at the mouth of the follicle. The fluid continues to exude, presses apart the separate layers of epidermis, and forms little drops. These collect under the upper layers of epidermis, which afford more resistance from being hardened by exposure to the air, and prevent the evaporation of the fluid. Thus vesicles are formed, which change into pustules from the alteration of the

blastema into pus. In this condition the hair generally falls out. As, however, the sheath of the root of the hair in the follicle holds fast, the exudation will take place somewhat slower, so that the epidermis on the periphery will *first* be raised, forming thereby the little dell in the centre. Later, the more adherent sheath gives way before the continued exudation. If the fluid forms very fast, the epidermis is raised evenly, and no depression will be seen.

Hence it is, that under certain circumstances a navel-like depression is formed, whether the eruption is the result of a variolous process, or of an application of croton oil or tartarized antimony, or is caused by the itch or by the patient, who has it, scratching himself.

From the above explanation it can be seen that a vesicle is not to be considered a hollow filled with fluid, but a fluid held within the spaces formed by the separation of the epidermal layers—somewhat like the cellular structure of a grape, or of the vitreous humor. A single puncture does not let out all the fluid held within, but only a part, on account of the walls of the cellular compartments. In the same way we can puncture a variolous pustule at one point, without the whole of the contents flowing out. This well-known fact has been incorrectly interpreted. The pustule was considered to consist of regular compartments, and the division walls formed by the epidermis were held to be the result of plastic exudation. This, however, is quite incorrect.

If, now, a variola pustule (from which the exudation has caused the hair to fall) be cut through, the sheath of the root of the hair will be seen pressed together and forming a thicker wall of epidermis in the centre. This has been incorrectly regarded as pseudo-membrane. Later, as the vesicle becomes a pustule, it is broken down, and there is then one common space.

From this it is easy to see that neither the existence of a little depression, nor a cellular structure, or this supposed pseudo-membrane, can be considered characteristic of variola. And these are of as little value in distinguishing the different forms of smallpox.

On the circumference of the eruption we notice a reddish ring, a halo. It has been supposed that this appears only with variola vera. Such is not, however, the case. The halo is a reactive reddening that is developed around every pustule from absorption of its contents, just as we see a reactive inflammation around a furuncle or an abscess. In varicella, the disease runs on so fast that the formation of pus occurs at once, and this halo is therefore present almost from the beginning. In variola vera, on the contrary, it appears later, when the alteration into pus takes place.

It is difficult to say which of the many different forms of smallpox are to be considered natural; and further, which is the true type, variola vera, modificata or varicella, or what is the normal course of these forms. We must first compare the two extremes

of the disease, as regards duration. If we call that form which lasts the shortest, varicella, and that which lasts the longest, variola vera, the first must continue *less* than fourteen days, and the latter *more* than four weeks, to be considered abnormal. By such an abortive form of varicella, the entire disease will be run through in three or four days. For instance, we find a child well one day, and on the next with varicella. On the second day there is a new eruption, and perhaps again on the third. The vesicles are only filled with serum. On the fourth day they have all dried, so that we find only scabs, which generally disappear on the same day. This is the quickest succession that we can expect. It is important to notice this, because we often hear of an acute pemphigus, when probably nothing else is meant than such a form of varicella, which is frequently called the *sheep-pox*. Besides the cases that last three or four days, there are others which continue some seven to ten days. The duration of the majority, however, is fourteen days.

Some cases of variola vera, aside from metastases, are very protracted, lasting forty days, without, however, this tedious course affecting any of the organs of the body. We see this where the eruption is very profuse; it was formerly called variola confluenta. When so protracted as this, it was also called variola nervosa. Those cases running through quickly were called variolæ inflammatoriae or phlogisticæ.

As to the number of the pustules, there are, no doubt, varicellæ where they are so few as to be easily counted (e. g., five to ten), and may be readily overlooked. During an epidemic, such cases are easily determined, but at other times a positive diagnosis is often impossible. We call that form variola confluenta which is the opposite of this, i. e., where the pustules are so near each other as to be not only in contact, but run together, so that the whole epidermis is undermined by a layer of pus. This confluence occurs, of course, in the later stages of the disease. But cases occur where from the first the development of papules is so great that one touches another, and the whole cutis feels hard, like a board, from the infiltration, and our diagnosis could scarcely be smallpox, were not here and there several papules to be seen. Such a form, however, occurs very rarely. Most generally this confluence comes in the eruptive stage. Confluent smallpox is the most dangerous. It threatens life by the amount of pus which is absorbed from such an extent of surface.

We have all degrees between these two extremes of the eruption. A confluence of the pustules is often noticed only on certain spots, whilst some portions of the skin are entirely free from the eruption. This confluence is most disposed to occur on those parts of the skin which have been in any way irritated, by vesication, for example, or in consequence of the patient's occupation. The pustules become confluent first on the face and hands, because



these parts are most irritated by washing, rubbing, and by contact with the air. And perhaps more particularly the face, from the presence of so many sebaceous glands. Immense numbers of pustules are also generally seen on those places which have been exposed to continued pressure before the eruption of the variola, or have been the seat of other skin diseases. Among these are to be reckoned those parts where tight clothing, or belts, garters, trusses, &c., press. The same happens where there has been eczema or scabies. In patients with the latter trouble, the pustules will be thickest on the nates. If, for instance, in the stadium prodromorum, when the diagnosis cannot be made out, a patient complains of pain in any one part, and a counter-irritant is applied there (e. g., a vesicant or sinapism), this spot will be covered with the eruption later in the disease, and also with scars, although the rest of the body remains free. This is so constant that people who have had scabies, eczema, psoriasis, lichen or any "exudative" skin disease, and are attacked with variola, will almost always exhibit on the same spots this confluence of the pustules.

Hence it can be seen how injurious it is to employ any irritant over large portions of the skin, as used to be the custom when the smallpox was supposed to be in the blood, and all possible means were to be used to aid the eruption. As great heat is an irritant of the skin, we may well suppose that a high temperature is also injurious, and that therefore cold is to be employed, although this cannot *prevent* the confluence of the pustules.

[To be continued.]

## REMARKS ON PULMONARY CONSUMPTION, &c.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
NEW ORLEANS.

[Continued from page 438.]

ALTHOUGH an admitted fact, that consumption is a curable disease, the unanswerable reasons why cures must necessarily be of rare occurrence have been in part presented. Will not the same hold good when applied to other diseases of known dangerous character—as yellow fever, or croup? Taken in time, and treated by remedies adapted to the existing symptoms, due regard being given to the known character of both diseases, and the marked tendency to rapidity of progress, both are eminently under the control of appropriate treatment; whereas, if that be deferred until the appearance of black vomit or suppression of urine in one, and a false membrane in the other, must it not be admitted that a cure would be the exception to the general law?

Among the numerous causes of the infrequency of cures of consumption, it may not be amiss to cite the acts of those most interested, who, feeling weak, and presenting other evidences in addi-

tion to a long-continued, and at times peculiar cough, will persist in asserting they are not sick, will neither seek nor take timely advice, but will run counter to every law of prudence or Nature, until, too late, they awake to the sad reality, and then ask for advice—vainly hoping their case may prove an exception to the general law. As I view this all-important subject, I cannot but entertain the opinion that no small degree of censure justly appertains to not a few of the profession, who would seem called upon to recommend the long-continued trial of remedies, not unreasonably believed to fulfil important indications, instead of being satisfied with long-tried placebos, valuable as palliatives though they may be. For the majority of cases of consumption, no less in the incipient stages than in those more advanced, as far as my observation has extended, there is one broad principle of treatment, not only applicable, but, sooner or later, absolutely demanded, that of sustaining and augmenting the physical strength, the *vis vitæ*, by bringing to our aid all of the remedial and curative agents in our possession, thus affording nature an opportunity of overcoming the morbid condition, in her own time and manner. If this point is not constantly and perseveringly attended to, as well by the physician as by the patient, the probability of overcoming the disease will be small indeed; while, if faithfully carried out, it is impossible for any one to predict with certainty what will be the result, as strikingly exemplified in the case to be related. Is it not the bounden duty of our profession to act as if the belief was really entertained, that restoration to a reasonable degree of health was not impossible?—all of which can be done, without concealing the real state of the case.

To those who have seen much of consumption, the fact is well known that there are cases, and certain conditions in others, in which the finale, “and that not far removed,” will advance with great rapidity, setting at naught all our resources but those for palliation. There are other cases in which there do occur occasional exacerbations, requiring caution in the free use of the more active tonics, it being no unusual occurrence to be obliged to suspend their employment until, by the substitution of appropriate remedies, the condition, “generally that of sub-acute inflammation,” shall be removed, when the use of tonics may properly be resumed. In these cases, however apparent may seem the necessity for the employment of depletory measures, it must be remembered that they are of doubtful efficacy, and that the risk of producing a depression of strength should be duly weighed before resorting to them, particularly as other remedial agents will be found more safe, and equally if not more efficacious.

During the treatment of the different stages of consumption, it is of primary importance to preserve a natural or healthy condition of the alimentary canal, in order to enable digestion to be properly performed, and, as a necessary consequence, the forma-

tion of healthy blood, which, in my opinion, is an important element of success, as regards successful treatment. Should a laxative be required, one of a tonic character, or an enema, is to be chosen, to avoid extra purgation, and the possibility of depression, at all times and in all cases to be guarded against, and more particularly in the advanced stages. There is no doubt, that, in this disease, a tendency to costiveness is far more favorable, in aid of a proper course of treatment, than the opposite, diarrhœa, or even occasional looseness. To favor the natural tendency to depression of strength, is here an easy matter, while to sustain, and still more to increase it, will be found always difficult, and often beyond our power. Not a few of the above remarks have been educed by the fact of having seen many consumptives, who had left, or been sent from their homes without having received any instruction for their guidance, as though the prevalent fallacious idea of a more genial atmosphere was, *per se*, capable of eradicating the well-known effects of that disease.

If the view I entertain of the *fons et origo* of consumption be correct, the erroneous impression, that much real good will result from mere change of climate, should give way to a more positive medicinal treatment, mainly of a tonic character.

Personal observation in the climates of Buenos Ayres, the Island of Madeira, and the south of Europe, has fully satisfied my mind, that far too much has been attributed to, as well as expected from, the curative power of each climate; and while fully aware, by observation, of the beneficial palliative effects resulting to a few, who resorted to those far-famed places, during the incipient stage of the disease, I am equally certain that, in a strictly curative point of view, the actual benefit received was not great, and when contrasted with the necessary discomforts that few escape, even if abounding in pecuniary resources, as well as the absence of those real comforts to the sick—home and friends in most cases left behind—is it not fair to infer, that the positive amount of benefit will be small? The possible, if not probable benefit, to accrue to a large portion of the human family, by the promulgation of facts, in reference to the real power of our profession to cure consumption, authorizes and justifies the assertion, that if that disease is to be proved to be more successfully treated, and the trite phrase, curability of consumption, become more than a by-word for the benefit of quacks and their abettors, it can only be so rendered by the assiduous employment of other means than those mostly confided in at the present day, although in themselves not objectionable as auxiliaries. If those apprehensive of the disease, from whatever cause proceeding, or those laboring under the incipient or more advanced stages, really desire to preserve health, or improve it when impaired, and overcome the disease actually existing, it may be remarked with confidence, that the same degree of energy, or will, put forth for this purpose, as is so con-

spicuously expended in efforts to enjoy the pleasures of life, or procure the goods of this world, would enable our profession to triumph over that correctly considered *opprobrium medicinæ et medicorum*.

With the above preparatory remarks, naturally suggested by the importance of the subject, I now proceed to state the case which originated them. Fearful of trespassing too much on your pages, the continuation will shortly follow.

#### MODERN CONVENIENCES—LEADEN RESERVOIRS—LEAD PIPE— COPPER BOILERS AND BELL METAL.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I will not encroach upon your pages by a lengthy article upon the above subjects, but I would respectfully inquire of those who make chemistry a specialty—of the medical profession, and of the public at large, if, in the middle of the nineteenth century—this boasted age of scientific advancement and artistic skill, it is not disgracefully humiliating that so many in the community must be prematurely consigned to the grave, by daily swallowing poison introduced into their food by the unsafe arrangement, and ignorant and careless management, of what are termed “modern conveniences.”

Having recently been called to attend several cases of severe colic, induced by eating cranberries and apples stewed in copper and bell-metal vessels, and still more recently having discovered that the members of a family\* in one of the finest residences in Boston had been slowly and seriously poisoned by the cook (who was ignorant of the danger) having, for a long period, been using the water drawn from the copper boiler, connecting by a lead pipe with a lead reservoir, in preparing the tea and coffee, and boiling the vegetables; and knowing this to be no uncommon occurrence, I cannot but envy our ancestors, who (although they sometimes were made sick by the use of bell-metal) drank pure water from “the Old Oaken Bucket,” and were blessedly ignorant of “modern conveniences” by which we are so luxuriously poisoned, and finally die, under the scientific cognomens of “gastroenteritis,” “enteritis,” “carcinus” and “paralysis.”

But surely some method can be devised by which we can enjoy the benefits of modern improvements, without such risk to health and life. Let water be introduced into kitchens only through *iron, glass, wood, or gutta percha*. So arrange the hot-water apparatus that it can only be drawn in the chambers where it is required for bathing, &c., and once a week, or more frequently if necessary, let on the water in the wash-room by a lock-faucet, the key of which

\* The water drunk by the family alluded to above, has been analyzed by Dr. A. A. Hayes, exhibiting a fearful result.

can be kept in a secure place. Banish forever from the kitchen lead pipe, copper vessels, and copper covers (if the copper is tinned, the tin is soon worn off), and families may feel comparatively safe from domestic poisoning.

One suggestion more, and I have done. Should an individual prefer to take lead and copper with his sustenance, perhaps it might be considered rather oppressive to deny him the privilege. Yet it would seem but just, that those who do not admire these paralyzing condiments, should be protected by the legal appointment of judicious inspectors, whose duty it should be to examine the culinary apparatus in all our public institutions, hotels, confectioneries, and restaurants.

A sanitary provision of this nature, if rigidly enforced, would, we sincerely believe, materially diminish the records of mortality.

*Roxbury, Jan. 2d, 1860.*

CHAS. M. WINDSHIP, M.D.

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### Correspondence.

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*London, Nov. 16th, 1859.*

AN EVENING WITH THE MEDICO-CHIRURGICAL SOCIETY.—A trip to Sydenham by rail, and an inspection of the "Crystal Palace," is not to be omitted by the visitor of London at the present day. And whatever expectations may have been entertained previous to the expedition, it is perfectly safe to say that they will be even more than fulfilled. But I must not enlarge upon the labyrinths of wonders contained in the "Palace"—such an account, even if I could give it with fidelity, would not be suitable for the JOURNAL, and so I must come back from the gorgeous accumulations of curiosities and beauties of every description—nay, even turn away from the mimic representation of the courts of the "Alhambra" itself, and again approach your pages with a few professional "jottings down."

Returning, on Tuesday, November 8th, from that same aforesaid Sydenham, and full of *palatial* musings, I had the pleasure of accepting a particularly kind invitation to dine with Dr. Sibson, of whom I have already written you. Dr. S. had promised to convoy me to the rooms of the Medico-Chirurgical Society, which was to hold its first meeting, for the season, in the evening. The experiences of the session were so interesting to me, that I have thought some account thereof might not be unacceptable to your readers.

The attendance was very large—unusually so, as Dr. Sibson informed me—probably because it was the opening meeting of the season. The rooms devoted to the Society's purposes are large, handsome, well lighted, and appropriately and comfortably furnished. I think the hall in which the meeting was convened must hold at least two hundred and fifty or three hundred persons—and every available place seemed taken, on the evening I have referred to. It is difficult to judge of numbers assembled in a room of the size of that spoken of, without taking the pains to make an approximative estimate—as by counting the persons on a row of seats, for instance—and I may have over-estimated the attendance; at all events, it was very large, and

showed great interest on the part of the members. No less so did the transactions and discussions of the evening. To a medical man from our side of the water—or to any professional stranger—it is a matter of no little gratification to see so many distinguished men, most of whom are conspicuously before the medical world as practitioners or authors, or both. I fear the patience of my obliging host was not a little taxed by me; for I could not resist asking him the name of every speaker. A mention of some of the names thus learned will suffice to justify my interest in seeing their owners. Mr. F. C. Skey, F.R.S., is now the President of the Society, and occupied the chair. Amongst the many others who were either speakers, or to whom my attention was otherwise directed, were Drs. Copland, Barclay, George Johnson, and W. J. Little; Mr. Henry Thompson, Mr. Holmes Coote, Mr. Toynbee, Mr. Wm. Adams, Mr. John Adams of the London Hospital, Mr. Prescott Hewett, Mr. Solly, and Mr. Pollock. In conversation with the latter gentleman, after the adjournment of the meeting, and while the members were taking coffee in the ante-room, he told me he had been in the United States, and was much pleased with Boston. He is one of the Surgeons at St. George's Hospital.

Several topics of interest, both medically and surgically, were discussed in a lively and most courteous manner—each member rising when he addressed the Chair, and remaining standing during his remarks.

A case of Aneurism of the Abdominal Aorta was detailed at some length by Mr. Solly. The patient, a Capt. W., had been affected with the aneurism during three years. Nature seemed, at several different epochs, to set up a curative action; but the patient's habits tended to defeat her efforts. I was somewhat surprised at the number of remedies which had been prescribed and used. Thus, quinine, creasote, opium, &c., had been persistently tried. The patient was bled but once—if I rightly understood the reporter.

Valsalva's treatment was spoken of by Mr. Adams, of the London Hospital, as that which would have been likely to have proved effectual in the above case. This view was opposed by Mr. Holmes Coote, Assistant Surgeon to St. Bartholomew's and the Orthopædic Hospitals, and also by Dr. Copland and others.

An interesting report of a case of Tubal Gestation was sent to the meeting by Dr. Robert Lee, Obstetric Physician to St. George's Hospital, and was read by the Secretary. The patient had been under the care of Mr. Gregory Forbes. She menstruated rather freely about a month before death; was attacked with very violent pain on the 8th of October, and died the next morning. Collapse was complete. The left Fallopian tube was ruptured, an ovum having been developed therein. Three pints of blood were found in the cavity of the abdomen. No embryo discovered on dissection, nor any trace of the amnion or umbilical vesicle. The cavity of the uterus contained no deciduum, but the latter was found by Dr. Lee in the Fallopian tube.

Having had an opportunity, before sending this to the *JOURNAL*, of looking at the number of the *Lancet* for Nov. 19th, 1859, I find this portion of the proceedings of the evening so much more fully reported than I can give it from my hasty sketch, taken from memory after the meeting, that I venture to quote from its pages the concluding part of Dr. Lee's account, as there condensed. It reads as follows:

"The Fallopian tube and ovarium were alone permitted to be removed; and these were examined, under spirit, by Dr. Lee, who found a deciduous membrane adhering to the inner surface of the tube, and enclosing the villi and membrane of the chorion on all sides. The hæmorrhage was evidently traceable to a rupture in the decidua and adhering portion of the tube, by which a communication was established between the cells of the villi of the chorion and placenta and the sac of the peritoneum, through which the blood flowed from the cells of the chorion into the abdominal cavity.

"Dr. BARCLAY, in the absence of the author, said he believed it was the object of Dr. Lee to confirm the statement he had made before the Society last session, that in cases of tubal gestation the deciduum was found in the Fallopian tube, and not in the uterus."

A discussion on "Double Club-Foot and Club-Hand," both observed in the same infant, next occupied the attention of the meeting, and although I find my notes accurate, on comparing them with the *Lancet's* report, yet the latter is so much more full and satisfactory that I shall be excused for transcribing it.

"*A Case of Double Club-foot (talipes varus) and Club-hand in the same Infant.*—By HOLMES COOTE, Esq., F.R.C.S., Assistant Surgeon to St. Bartholomew's and the Orthopædic Hospitals.—The author read the particulars of a case of double club-foot and club-hand in the same infant. He remarked that such an occurrence was very rare, no similar specimen existing in the museum of the Royal Orthopædic Hospital. There were cases on record in which both hands and feet were congenitally deformed; but in the present instance there was only displacement, the component parts of the hands being as perfect as were those of the feet in their abnormal position. He added some remarks upon the difference between deformities caused by arrest of development and displacements or alterations in form from mechanical pressure. He argued that club-foot, in its usual congenital form, was due to pressure during intra-uterine life. Some preparations of deformity were exhibited.

"Mr. WM. ADAMS thought the case brought forward by Mr. Coote was totally opposed to the theory that such deformities were produced by pressure in utero. In his opinion, such cases rather strengthened the view advocated by Dr. Little, that deformities were the result of dynamic causes, more or less dependent on the nervous system. The worst case he (Mr. Adams) had ever seen was that of a child born with two club-feet, two club-hands, two contracted knees, two contracted hips, and a contracted neck. Severe cases, in which several parts were implicated, might be traced frequently between the third and fourth month of pregnancy.

"Dr. LITTLE remarked that the occurrence in the same individual of double club-foot and double club-hand was not so rare as might be supposed from the circumstance that the museum of the Orthopædic Hospital did not contain a single specimen of that deformity. At least a dozen fetuses illustrating that peculiarity were to be found in the museum at Berlin. The oldest theory was, that pressure in utero was capable of producing such distortions; but he thought that more extended observation had distinctly proved that the deformities, both before and after birth, depended upon a great variety of causes, and that almost every cause of deformity which might occur after birth occasionally took place in utero. Recollecting the symmetrical character of the deformities, their number and variety, and the early period at which they occurred, when the proportion of the liquor amnii to the fœtus was so large, he had no doubt that congenital cases often resulted from causes operating upon the nervous system of the child through that of the parent, or through accidental injury to the mother in the early periods of gestation. Cases had come under his observation which were only to be explained by the malposition of the limbs in utero; but such instances were very rare. An important class of cases, clearly referable to accidental injury, consisted of those in which the child was found with limbs variously distorted or deformed through the influences exerted upon them by the umbilical cord. It was difficult to lay down any absolute plan of treatment in cases of club-hand. There was no

ground to despair, he thought, unless the hand was extremely deficient, of effecting much good by treatment, when we take into consideration the identity of cause in the production of this deformity and that of club-foot. He had frequently seen good results from tenotomy and mechanical treatment in cases of club-hand.

"Mr. HOLMES COOTE was still of opinion that the deformities in question were the direct results of pressure exerted on the child in utero. It surely was not extraordinary that all the extremities should occasionally be subject to the same kind of pressure. If it were possible that anything like an impression upon the mother, or any accidental circumstance, should have any great effect on the development of the fetus in utero, the deformities would be of much more frequent occurrence than they were."

The remarks of Dr. Little were listened to with the most respectful attention—his large experience in these deformities entitling his opinions to great weight and consideration.

I was highly gratified with all that I saw and heard at this reunion of so many choice specimens of our profession; and I feel that I owe much to my friend Dr. J. M. Warren, who by kindly introducing me to Dr. Sibson, enabled me to realize so much benefit and to experience so much pleasure in that gentleman's company on this and other occasions. Everything during the session was done in an easy yet dignified and appropriate manner. No impatience was manifested at the reading of papers—sometimes rather lengthy, too—and due regard was paid to the courtesies of debate.

I noticed that the papers presented were read by the Secretary, and that "votes of thanks" were passed to each of the authors. Whether the Secretary always reads the communications, I am not aware; if he does, his office—like that of most secretaries, however—is certainly no sinecure.

At a somewhat late hour—toward 11 o'clock, P.M.—I concluded my very agreeable and profitable Evening with the Medico-Chirurgical Society.

VIATOR.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 12, 1860.

COMPARATIVE ADVANTAGES OF ETHER AND CHLOROFORM.—In a discussion which lately took place in the New York Academy of Medicine, on the comparative merits of ether and chloroform, as anæsthetic agents, which we find detailed in the *Philadelphia Medical and Surgical Reporter*, some interesting remarks were made by Prof. DALTON. Coming from so eminent a physiologist, they are, we conceive, entitled to much authority. The opinion of Dr. Dalton, as to the cause of death, in fatal cases of inhalation of chloroform, is, that this agent produces paralysis of the heart. To this conclusion he is led by observing the effects of ether and chloroform on animals who are caused to inhale them. If the process is carried to a moderate extent, and the chest of the animal be then opened as quickly as possible, the heart will continue to beat for a considerable length of time. If, however, the inhalation be pushed until respiration is stopped, it will be found, on



opening the chest, that though the heart be still beating, its movements are very feeble. If anæsthesia be carried only to the stoppage of respiration, the animal usually recovers; but if, when the respiration ceases, the heart also is still, the animal never recovers.

Now, although fatal results have occurred in Dr. Dalton's hands, in experimenting on animals, with both ether and chloroform, when inhalation is pushed to the extreme, he has been obliged to take a great deal of pains to produce this effect with ether, whereas death often follows the use of chloroform notwithstanding the best precautions. In fact, he has for this reason altogether abandoned the use of chloroform, and instead of it employs sulphuric ether. "I think I may say," he remarks, "without exaggeration, that I am thoroughly convinced that there is a radical difference in the danger following the administration of these two substances. I am sure that chloroform is more dangerous to animals, at least." Dr. Dalton also stated, in reply to the question from the president, Dr. Watson, whether he had found ether fail to produce all the effects that can be wished for from chloroform, that it had never failed in his hands, and his experience would lead him to believe that it is capable of producing all the effects of chloroform.

We confidently expect that a reaction will soon take place in the mind of the medical public on this important subject. The fact that no well-authenticated case exists of death which can be attributed to the inhalation of ether, and that this agent is capable of producing all the effects, as an anæsthetic, which chloroform can, must ere long cause its universal substitution for the latter dangerous agent.

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MICROMETER GIVING WITHOUT CALCULATION THE DIMENSIONS OF MICROSCOPIC OBJECTS.—[We translate from Dr. BROWN-SEQUARD's *Journal de Physiologie* the following note by Dr. CORELIER, on a new micrometer.]

The measuring of objects is undeniably of the utmost importance for the microscopist. This is at present accomplished by means of an arbitrary scale, placed beneath the ocular. The relation of this scale to a millimeter divided into one hundred parts is first obtained; then ascertaining how many degrees of the scale are occupied by the object we wish to measure, we obtain the required dimensions by means of multiplication and division. This calculation, simple as it is, becomes tedious by repetition: it may be avoided in the following manner:—I place in the focus of the ocular a scale in which the millimeter is divided into ten parts, such as is found in all modern microscopes. I then ascertain the proportion existing between this division and the millimeter divided into 100 parts, or micrometer. Suppose that 27 divisions of the ocular equal 19 hundredths of a millimeter; I have another scale made, in which 27 tenths of a millimeter are divided into 19 parts. This new scale placed beneath the ocular gives at once, and without calculation, the hundredths of a millimeter, as can be easily ascertained by looking, in the microscope, at the millimeter divided into 100 parts, for the divisions of the two scales will exactly correspond. To obtain at once the thousandths, it would only be necessary to divide the 27 tenths of a millimeter into 190 parts, &c. Of course it is necessary always to employ the same objective, and hence it is well to construct the scale for the one which we are most in the habit of using. It is now a long time since I have made these micrometers for my own use, and I have found them so convenient that

I deem it my duty to explain their mode of construction, and to recommend their employment.

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HEALTH OF THE CITY.—The beneficial effects of the more general practice of vaccination, to the necessity of which the public are at last roused (more by their immediate fears at the spread of smallpox than in consequence of repeated warnings from the medical profession), have not yet begun to be apparent; but we doubt not, now that the proper precautions are taken, the epidemic will be speedily arrested. The deaths from this source, last week, include 4 children and 5 adults. We observe that 5 deaths from croup are reported, of subjects varying from 1 to 4 years. It is hardly possible that all these should have been cases of membranous croup. The deaths from consumption include 5 males, from 19 to 52 years old; and 8 females, from 22 to 52. Both of the deaths from old age were of females, one of whom, a negro woman, had attained the extraordinary age of 115 years! The deaths from unknown causes were all of males, including 7 children and 2 adults. One adult, aged 32, is reported as having "died of fits." There were 8 deaths from scarlatina, 3 from apoplexy, and 3 from pneumonia. Of the whole number (80), 38, or nearly one half, were children under 5 years of age; 9 were between 5 and 20, 13 were between 20 and 40, 12 between 40 and 60, and 8 over 60. The total number of deaths for the corresponding week of 1859 was 56, of which 21 were from consumption, 2 from pneumonia, 0 from smallpox, scarlatina, croup or apoplexy, 5 from old age, 12 unknown.

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CERTIFICATES OF DEATH.—A correspondent has sent us a copy of the *certificate of death* which the physicians of New London, Conn., are required to send to the registrar, within ten days after interment. It contains blanks for the name, date, age, sex, condition, &c.; a fee of twenty-five cents is allowed for each return. Similar certificates are in use in this city, only they are required to be returned by undertakers, and not by physicians.

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HEALTH OF PROVIDENCE, R. I.—Providence appears to be a remarkably healthy city. During the past year there were 899 deaths, out of a population of 52,000, being a mortality of one in 57.8 of the population living, or 17.3 deaths to each 1000 living. Of 479 persons of American parentage who died, only 28.6 per cent. were under 5 years of age; of 420 of foreign parentage, 48.3 per cent. were under 5 years; and of the whole number, American and foreign, 37.8 per cent. were under 5 years. Diphtheria was the cause of 17 deaths, 13 of which occurred during the last three months. Smallpox was fatal in 5 cases. It was introduced in the spring, from New York, and notwithstanding the large number of persons exposed to the contagion, the efforts to obtain a general vaccination were so successful that the disease was brought to an end, and banished from the city about the first of June, having caused the deaths of only four persons. There were no cases of the disease from the first of June until October. The disease was again brought to the city, about the tenth of October, from Boston. From that time until the end of the year, there were about 20 cases of the disease in different parts of the city, 18 of which were varioloid. *Providence Journal*.

**DOUBLE FÆTUS.**—The following letter was accompanied by a photograph of the monstrosity described, upon which is printed, "Double Child of John D. W. and Martha R. Moore, of West Boylston, born Nov. 7, 1859. *Entered, according to the act of Congress, in the year 1859, by J. D. W. Moore, in the Clerk's office,*" &c. ! It will be seen that the specimen is for sale ! Certainly if the abnormality be not unique, the attending circumstances are.

*West Boylston, Mass., Dec. 29th, 1859.*

DEAR SIR,—I send you a photograph of a remarkable monstrosity that occurred in my obstetrical practice recently. It consisted of *two* female children, *joined together*, from the clavicle to the umbilicus, having a sternum on either side, and the ribs of each child meeting in a common sternum.

The thoracic and abdominal cavity was common to both. There was but one liver—double in size, with *two* gall-bladders, and extending entirely across the cavity, from side to side.

There was but one heart—double in size, with two aortas. There were four kidneys, of large size, with *two* ureters from each.

This monstrosity was still-born. They were 18 inches in length, and each head was 12 3-4 inches in circumference. Their weight was about 11 pounds. The labor was terminated successfully, and the mother is doing well. A copy-right is secured on the photographs, but if you deem it of sufficient interest to the profession, you can insert a wood cut in your Journal, together with this history.

The monstrosity has been preserved, and is for sale.

Respectfully yours,

CHAS. A. WHEELER, M.D.

AMERICAN MEDICAL ASSOCIATION.—*Messrs. Editors*,—Please publish in the next issue of the JOURNAL the following extract from the Treasurer's report :—

"Under the resolutions of last year, the volume of Transactions for 1857 (Vol. X.), now falls to \$2.00 apiece ; that for 1858 (Vol. XI.), remaining at \$3.00 till the next annual meeting, so that the list of volumes for sale by the Association will now read—

|                                                                     |        |
|---------------------------------------------------------------------|--------|
| Proceedings of first meeting in 1846-7, organizing the Association, | \$0.50 |
| Vol. I., at                                                         | 2.00   |
| Vols. II., III. and IV. are out of print.                           |        |
| Vols. V., VII., VIII. and IX., if taken collectively,               | 5.00   |
| For the set, if taken singly, apiece,                               | 2.00   |
| Vol. VI., at                                                        | 2.00   |
| Vol. X., at                                                         | 2.00   |
| Vol. XI., at                                                        | 3.00   |

These back numbers of Transactions diminish in number yearly, while some pass out of print. Those members who own broken sets and desire to complete them, will find an increasing lack of opportunity.

Vol. XII., for 1859, is now published, and ready for delivery—price \$3. Those gentlemen in this city or neighborhood, who are desirous of procuring this or any of the back volumes, are desired to send their orders, before the first of February, to Dr. J. N. Borland, No. 9 Chestnut street, Boston.

The number of lives lost by steamboat disasters on the western rivers in 1859, was 396.—Scarlet fever is prevailing in an epidemic form and with considerable fatality in Newark, N. J.

**CAUTION TO DRUGGISTS.**—Druggists who leave their places of business in charge of mere boys—boys unacquainted with either the nature or effects of the drugs they are permitted to handle, and entrust them with the power to dispense medicines to the lieges—are surely eminently blameworthy. It is a matter of some moment to the druggist himself when mistakes arise in these circumstances, but it is a matter of vital consideration to the unfortunate customer who may have swallowed a wrong dose. This week, in our town, an instance occurred illustrative of the danger of such carelessness. A lad of the name of Haldane, a compositor in a printing office in town, having complained of the state of his stomach, was recommended by a young medical student of his acquaintance to try an emetic. With this view, Haldane and his medical adviser went into the shop of a druggist in West Mill Street, and ordered the boy who served the shop to make up fifteen grains of powdered ipecacuanha. The boy, however (in the absence of his master, who, we are informed, was away at a public meeting), gave his ailing customer fifteen grains of tartar emetic. The dangerous dose was taken on the premises, but Haldane immediately became seriously unwell, when the mistake was noticed. A stomach-pump was immediately sent for, but from some cause or other it could not be procured. Meanwhile various remedies—such as mustard vomits, &c.—were applied to counteract the effects of the poison, and Haldane so far rallied as to be enabled to reach his lodgings. We believe the unfortunate lad suffered considerably for some days afterward, from the effects of the irritant poison upon the system, but though still weakly, he is happily out of danger.—*Alloa Advertiser*.

**THE ITALIAN HOSPITALS AND THE WAR.**—The medical report of the hospitals in Italy has just appeared in Paris, and is very interesting. There were no less than 43,000 wounded, including Austrians and Piedmontese, admitted into these establishments. The proportional quantity of dangerous wounds was exceedingly great. The surgeons of the republic found only one in five or six, but now one out of every two assumes that character. It is accounted for by the shape of the balls, which is now cylindro-conic. They traverse the air with immense rapidity, enter the flesh with great force, and break the bones; whereas the old spherical ball turned to the right or left, sometimes merely grazing the skull or ribs, which now seldom occurs. Of chloroform the advantages are spoken of in the highest terms. Not only has it caused insensibility during operations, but it has soothed the dying moments of those who were irrecoverable from the nature of their wounds. The new disinfecting agent has been found of the utmost service. Applied to the most diseased surfaces it has checked putrescence, and given a healthy character in a short time to the worst of wounds. Carbonized lint has been introduced also with great success as a disinfecting agent, preventing the fetid odor that is so disgusting in military hospitals. Altogether it seems that modern civilization has rendered the field of battle more dangerous than formerly, but supplied it with means of alleviation.

**GREAT DESTRUCTION OF LIFE.**—One of the most terrible catastrophes on record occurred in Lawrence, Mass., on Tuesday afternoon, Jan. 10th. The Pemberton Mills fell, with a sudden crash, about 5 o'clock, while some 600 or 700 operatives were at work. Many hundreds were buried in the ruins; and while the dead and wounded were being removed, a fire broke out in the fallen mass, and fearfully increased the loss of life. Surgeons were called for and attended from all the neighboring towns. The full extent of the calamity cannot yet be ascertained.

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ERRATUM.—Page 454, line 23, for "decrustation" read *demonstration*.

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DIED.—In Brooklyn, N. Y., Dec. 25th, 1859, Robert Rosman, M.D., aged 53.—At Louisville, Ky., Dec. 19th, Dr. John L. Murray, in the 76th year of his age.

*Deaths in Boston* for the week ending Saturday noon, January 7th, 80. Males, 41—Females, 39.—Apoplexy, 3—abscess, 1—bronchitis, 3—inflammation of the brain, 3—congestion of the brain, 2—cancer, 1—consumption, 13—convulsions, 1—croup, 5—carbuncle, 1—dropsy, 1—dropsy in the head, 2—debility, 1—scarlet fever, 8—disease of the heart, 4—disease of the kidneys (Bright's), 1—inflammation of the lungs, 3—marasmus, 1—measles, 1—old age, 2—scrofula, 1—smallpox, 9—teething, 1—unknown, 9—whooping cough, 1.

Under 5 years, 33—between 5 and 20 years, 9—between 20 and 40 years, 13—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 61—Ireland, 16—other places, 4.

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## EXTRACTION OF A BAR OF LEAD FROM THE STOMACH.

BY JOHN BELL, M.D., WAPELLO, IOWA.

[Communicated for the Boston Medical and Surgical Journal.]

On Christmas day, 1854. I was summoned to see S. W. Bates, æt. 32, who, it was said, while performing the feat of running a bar of lead down his throat, had accidentally let it slip, so that it descended into his stomach; but before I left my office, he came in, followed by a crowd. I asked him if he had swallowed a bar of lead. He said he had; and that it was nothing wonderful for him to do, as he had swallowed a number at previous times. This was said in a half waggish manner, and being to all appearances partially intoxicated, and having withal the reputation of being an expert at juggling and sleight of hand, I supposed it to be one of his tricks, and this opinion was strengthened from the fact that he seemed to be *suffering no inconvenience*. I believed it to be a hoax; but to satisfy myself further, I passed a sound down the œsophagus into the stomach, *but could discover nothing*. I sent him away, but in a few minutes afterward he returned, in company with Dr. Cleaves, of this place. After a brief consultation, we again sounded the stomach, but with no better evidences of a bar of lead than before. We told him to go about his business, and if it troubled him to let us know. The next day he went to work, and continued at work four days, when he went home, some six miles from this place, and becoming unwell, sent for Dr. Robertson, of Columbus city.

On Monday, Jan. 1st, Dr. Robertson requested the physicians of this city to meet him forthwith in consultation at the residence of the patient. Dr. Taylor and myself answered the summons promptly. Drs. Robertson, Neal, Cleaves, Graham and Crawford had arrived before us.

The patient was closely examined, and there was found no perceptible external evidence of any foreign body in the stomach; he was comfortable, up and about, and seemed as well as any of us, if we except some paleness, which might have been produced by the

regimen enjoined. Instructions were given to keep the patient on a low diet, and open the bowels by a saline laxative; and should any untoward circumstances or symptoms supervene, to notify us at once.

Tuesday, Jan. 2d, 4, P.M., summoned to see Bates immediately. Dr. Robertson soon arrived. Found the patient suffering with considerable gastralgia and abdominal soreness; there had been considerable retching and vomiting of a dark, watery fluid; pulse small and tense; great anxiety, restlessness, prostration, and apparent sinking of the vital powers. The bowels had not been moved. He was very sensitive to pressure over the left iliac and inguinal regions. *We were now satisfied that he had swallowed a bar of lead.* We prescribed sulphate of morphia to keep him quiet through the night, and fomentations to the bowels, and left him.

*Operation.*—Wednesday, Jan. 3d. Present, Drs. Robertson, Cleaves, Graham, Taylor, and myself. The patient seemed much as on the previous evening. He had great prostration and faintness on attempting to rise. The patient having been properly placed and secured, chloroform was administered. It produced, at first, some nausea, and he threw up a quantity of black, foetid, watery fluid. As soon as insensibility ensued, I made an incision from the point of the second false rib to the umbilicus, dividing the skin and cellular membrane; thence through the abdominal muscles to the peritoneum, which I laid bare the whole length of the incision. I then made a minute opening at the lower end of the section, through the peritoneum, passed in the director, and with a probe-pointed bistoury divided it through the entire length of the incision. The division of the peritoneum produced a spasmodic contraction of the muscles of the abdomen, and a large quantity of the omentum and bowels was ejected from the orifice. Increasing the chloroform controlled the spasm, and I replaced the bowels as speedily as possible, and passed my hand inward and upward through the incision, grasped the stomach, and immediately *discovered the bar of lead* and its position. It lay in a direction from right to left, the upper end resting against the walls of the stomach to the right of the cardiac orifice; the lower end in the greater curvature of the stomach, to the left of and below the pylorus. As it was impracticable to reach the upper end, I seized the bar between my thumb and middle finger, and with the forefinger on the lower end of it, I retracted it upward and backward, for the purpose of making the incision in the stomach as high up as possible. I then passed a scalpel in, along the side of the forefinger as a director, and divided the coats of the stomach immediately at the end of the bar, making the incision parallel with the muscular fibres, and not larger than to admit of the removal of the lead. I then introduced a pair of long forceps, seized and drew out the lead, and placed the stomach in its natural position. The external

orifice was closed with the ordinary interrupted suture and adhesive straps, a compress applied, and a roller around the body.

The time occupied in operating was twenty minutes. Considerable delay was occasioned by the protrusion of the contents of the abdomen, which had to be replaced before the operation could proceed. As soon as the effects of the chloroform passed off, a quarter of a grain of sulphate of morphia was administered, and the patient left in charge of a judicious medical attendant.

The following are the notes of the subsequent treatment of the case.

During the afternoon after the operation, the patient was very restless; morphia continued, which procured intervals of sleep. Pulse 83, soft and compressible. At 9, P.M., great restlessness; nausea and sinking of the pulse; constant melanotic regurgitation. Prescribed sulph. morphia, gr.  $\frac{1}{2}$ . Pulse rose—became full and tense. At this time, the salts taken on Monday and Tuesday commenced operating; he had seven operations. Pulse softened, and he dropped into a quiet and refreshing slumber. The patient was kept lying on his back. 12, P.M., had a violent attack of vomiting, and threw up about three pints of a dark greenish fluid, mixed with grumous blood; complains of pain in the stomach and bowels; gave him sulph. morph., gr.  $\frac{1}{2}$ ; became quiet, and slept at intervals until daylight; iced elm water as drink.

Thursday, 4th, 10, A.M.—Patient quiet; pulse 85, and moderately full; some thirst and fever; complains of pain in the stomach and bowels; says he feels a sensation as though water was dropping on his stomach. Morphine continued at regular intervals; iced toast water, and iced mucilage, for drink. 3, P.M.—Pulse 85, rather hard. Bled him ten ounces. Continued morphia. 6, P.M.—Complains of nausea, and has frequent alvine discharges; pulse 86, hard; considerable thirst; gave pill of opium. Ordered ipecac and morphia; left powders of opium and acetate of lead, to control the bowels.

Friday, 5th.—Nurse reports a good night's rest; says the pulse ranged through the night from 70 to 75; no operation from 8 o'clock till 4 this morning; stools watery; complains of nausea; pulse 83, soft; tongue white and dry; considerable thirst; slight cough. 5, P.M.—Found the patient complaining of gastralgia, nausea and thirst; frequent alvine dejections; pulse 75, hard and full. 9, P.M.—Vomited; gave morphia and ipecac; patient became quiet. Continued iced mucilage.

Saturday, 6th, 4, P.M.—Patient quiet and easy; pulse 80, soft; tongue clean; an itching sensation in the wound; slight tumefaction, and some soreness, of the abdomen; no movement of the bowels since Friday at 4, A.M. Ordered enema.

Sunday, 7th, 11, A.M.—Patient comfortable; had two dejections. Raised the bandage, and made a small opening through the adhesive straps for the discharge of pus. Pulse 80; has great desire

for nourishment. Directed the bowels to be kept open by enema. 5, P.M.—Is troubled with severe melanotic regurgitation; complains of burning sensation in superior epigastric region; pulse 65, soft; ordered an enema, and solution of bitartrate of potash for drink. Morphia, gr.  $\frac{1}{4}$ , occasionally.

Monday, 8th, 10, A.M.—Patient quiet; pulse 75, full; face flushed; bowels moved once last night. Examined the wound, and found it had cicatrized nearly its entire length; washed and dressed it. Bled the patient ten ounces. Enema and morphia after the bowels move, during the night, should he be restless.

Tuesday, 9th, 6, P.M.—Patient bolstered up in bed, and comfortable. Pulse 76; bowels not moved since 8 last night. Ordered an enema. Examined the wound, and found it doing well. Bitart. potass. continued.

Wednesday, 10th.—Found the patient quiet; pulse 70; rested well through the night; has an intense craving for food; face slightly flushed. Advised some nourishment to be taken. He complained of cramp in the extremities on attempting to move.

Thursday, 11th.—Patient tolerably comfortable; some thirst; has eaten too much, and has exercised more than was prudent. Pulse 75 and hard; face flushed; dressed the wound, which is healing rapidly; bowels open. Ordered sulph. morph., gr.  $\frac{1}{4}$ , and ipecac, gr. i.; abstemious diet.

Friday, 12th.—Patient comfortable; says he feel well enough, except some pain in the lower bowels; pulse 78, soft; tongue natural; some tenderness on pressure over the hypogastric region.

Sunday, 14th.—Found the patient standing in the door; dressed the wound, which looks healthy; tongue slightly coated; bowels inactive; appetite good. Ordered mass. hyd., gr. x., followed by enema.

Wednesday, Jan. 17th.—Found the patient resting quietly after a walk of half a mile. Washed the wound, clipped and removed the sutures, and dressed with basilicon cerate, with injunction for bowels to be kept open, and care in diet. Patient dismissed.

REMARKS.—It will be observed in this remarkable case, that convalescence was established as rapidly as after most of the minor surgical operations. The patient was discharged on the fifteenth day after the operation, and has continued well up to this time. He is now residing in this city, working daily at his trade—that of a shoemaker. The orifice in the stomach was made on the left anterior side, and I think about parallel with the pylorus. The opening was just large enough to withdraw the lead. From some cause, probably from the efforts to vomit, a portion of the omentum had been forced out between the sutures, and when the adhesive strips were removed for the first time it was found protruding from one half to three quarters of an inch. Upon examination with a probe, I found it had formed adhesions on both sides



of the orifice. I therefore removed the external portion with a pair of scissors.

After carefully examining the brief suggestions given by authors on this kind of operation, it seemed to me that there were none that would suit this case. Nothing less than perfect control of the stomach could promise success, if success were attainable.

*First*, the operation must be conducted so as to preserve the stomach from those serious injuries arising from the advised manipulation previous to opening it.

*Second*, the incision must be made sufficiently high up in the stomach to prevent the escape of its contents (or should the opening be made into the stomach where the point of the bar rested, the incision *must be stitched*).

*Third*, to make an incision into the cavity of the abdomen, and attempt to manipulate the stomach and bar of lead with instruments, had in it, to my mind, no promise of success, when we recollect that the length of the bar was  $10\frac{3}{4}$  inches, and that the stomach must be opened so as to withdraw the bar of lead *by its lower end*. I therefore adopted what I conceived to be the correct theory, viz.: 1st, to open an orifice in the abdomen large enough to pass in my hand, and thereby have the stomach and its contents under perfectly easy and natural control; and, 2d, to make the abdominal incision in such shape as to command the point of the bar of lead *after it had been retracted*, without bruising, distorting, or even seriously misplacing the stomach.

It may be a matter of surprise that an operation was not done sooner. Our reply to the question is, that an operation of that magnitude was not justifiable as long as there was any doubt as to the lead being in the stomach; that the evening previous to the operation was the earliest time that all doubts of the fact had vanished; and the operation was proposed at the earliest practicable moment thereafter. Although I had seen the patient, in company with other physicians, almost daily after the singular feat had been performed, during all this time I had not seen one single symptom that was *conclusive evidence* of the presence of a bar of lead in the stomach.

The length of the bar is  $10\frac{3}{4}$  inches, and its weight  $9\frac{1}{2}$  ounces avoirdupois.

I would here remark that Mr. Bates has been residing in Kansas Territory during the past summer.

*January 2, 1860.*

REPORT OF PROF. FERDINAND HEBRA'S LECTURES ON VARIOLA,  
DELIVERED AT THE GENERAL HOSPITAL AT VIENNA.

[Translated from the *Allgemeine Wiener Zeitung*, Nos. 23, 33, 35, 36, for the Boston Medical and Surgical Journal.—Continued from page 477.]

BY B. JOY JEFFRIES, M.D.

THERE is no very great morphological difference between what is called a vesicle and a pustule; for in a vesicle as clear as water, there are already some pus corpuscles. Later, their number increases, and we have a pustule. When, therefore, in variola we speak of a formation of pustules, we mean that the pus corpuscles are present in large numbers. When there are many pustules the halos join each other; the skin swells and increases in volume, so that such a variolous patient looks really distorted. The eyelids, in which the swelling is very marked, are closed, and cannot be opened for three or five days, generally from the ninth or tenth to the fourteenth day of the disease. With force, they can, however, be separated. This stage of the formation of pus, or of the accompanying fever, is by some considered a peculiar characteristic of variola modificata or varicella. But the fever which *generally* accompanies the formation of pus need not *necessarily* be present. The pus, like that from an abscess, can be absorbed without any particular effect. This fever, therefore, does not belong to a natural state of the disease, but must be considered as the beginning of an *unnatural* condition. Want of sleep is one of the symptoms of additional trouble, indicative of fever, at the time of the formation of pus. Scarcely a patient sleeps before the tenth day of the disease. Should he go to sleep quietly any night before this time, there is no cause for anxiety. If, however, he is sleepless and has chills after the tenth day, we may be sure that the course of the disease will not be natural.

Experience shows that we may have complications of the disease in those patients who have been vaccinated, but that they are still more likely to occur when this has not been done. When speaking of measles, we said that its sequelæ and complications were catarrhal affections, various diseases of the air-passages, such as chronic catarrh, blennorrhagia, emphysema, tuberculosis, besides other troubles in the glands, &c.; and that scarlatina angina was followed by morbus Brightii, &c. With smallpox it is different. Catarrhal appearances are never the consequences of variola, and any fear of tuberculosis after smallpox is quite groundless. It is rare that any one during the course of the disease complains of pain in the pharynx or larynx.

An exception to this last are those cases in which the eruption appears in the mouth and fauces, where it never develops so far, however, as to form pus. A salivation, similar to that from mercury, occurs in these cases. The salivation also, which often comes in the commencement of the disease, is considered by some as a

characteristic of variola vera. But we may have variola vera with no eruption on the mucous membrane of the mouth and pharynx, and, on the other hand, variola modificata with numbers of papules there. And this last, especially, with nursing children, who often have few marks of smallpox on the body, and therefore more in the mouth, and who succumb to the disease.

With regard to the presence and appearance of the eruption on the mucous membrane, the following must be noticed. The patient at first complains of a want of mobility of his tongue; it feels heavy, there is a sensation of heat in the mouth, while the only objective appearance is redness, which may not be noticed when the tongue is covered with mucus. A few days later (on the sixth or seventh), when the eruption on the skin is already developed, it may be seen on the tongue as small white elevations, which, soon losing their points, assume the form of little white crowns. A pustule, however, never forms on the mucous membrane, and these elevations are, from the first, like empty shells; the epithelium softening very easily, and thereby allowing the fluid to flow continually. The same occurs on the mucous membrane of the gums and cheeks. In accordance with the severity of these symptoms, the tongue itself swells, and such an intense glossitis may come on as to expose the patient to the danger of suffocating.

What occurs oftener than this swelling, is the profuse secretion of saliva and mucus, with the same appearances as when caused by mercury. This is naturally a source of great annoyance to a patient with variola. He will have pain in the mouth, and lies with it always open, the saliva pouring out and causing a horrible smell. Not more than 2 per cent. of the patients in Prof. Hebra's smallpox wards have this salivation.

The eruption does not go farther than the mucous membrane of the fauces. The *sectio cadaveris* shows only slight excoriations, for example, in one bronchus. In the course of the intestinal canal, small ulcers from diarrhœa are often to be seen, which cannot, however, be considered as the eruption of variola.

*Affections of the Eyes.*—In many old and new works, smallpox is said, among other reasons, to be dreaded for this, namely, that so many people are said to be made blind by it. This, however, is certainly incorrect. With the exception of a slight conjunctivitis, the eye remains very often exempt from trouble. Diseases of the eye which must be considered the consequences of variola do not occur in 1 per cent. of smallpox patients; in five thousand cases, scarcely twenty or thirty times. It is not probable that variola is now for the *first time* so mild that the eyes are left uninjured. For many years together there is often no case of loss of sight by variola in Prof. Hebra's wards, and then again several patients at once will be thus affected.

We must remember that when there is a disease of the eyes (e. g., a pustular ophthalmia) in a patient who is attacked with va-

riola, the latter will extend to the eyes. If the eyes had been sound before, *they* would not have been the seat of the eruption, but only the lids and their edges, and the conjunctiva bulbi would be *irritated*. No *infection*, however, occurs, no disease of the conjunctiva bulbi or of the cornea. Many fear that the pustules will macerate the cornea, and cause its perforation, and prolapse of the iris. This fear is groundless, and the accident scarcely ever happens where the cornea was not *previously* diseased. The dread of this used to be so great, that a patient with smallpox was from the very beginning treated with a collyrium of sublimate and tincture of opium, and if the eyes remained exempt it was attributed to this mode of procedure. Since Prof. Hebra took the direction of the smallpox wards, he has omitted the collyria, and the result has remained the same as with his predecessors. In *this* Hospital such a method was useless, because the patients are mostly received on the sixth or seventh day of the disease, when the eruption is already developed, and a prophylactic is entirely superfluous, the pustules coming at the same time on the eyes as on the rest of the body.

When the eye is really diseased in consequence of variola, it is scarcely possible to save it. We have said that there will be no perforation of the cornea and prolapse of the iris, but there *may* be a ceratomalacia from the pyæmia. The sclerotic becomes soft, generally in its inferior segment, and from the inner to the outer side. The cornea becomes dark, its lower half soft and excavated, and it is often penetrated in a few hours. In another case, there will be a metastatic deposit of pus in the eye itself, a hypopyon. A "lunula" is seen in the anterior chamber, and we may be sure that in a short time the eye will be lost.

Last year there was in the wards a case of exophthalmos inflammationus, which came on very suddenly. The eye became as large as the fist, and the sight was lost, every remedy used being in vain. All these diseases of the eyes come from the formation or rather decomposition of pus in the pustules. It is a "putrid fever," as it was long ago called. We know the series of phenomena which the reception of pus into the blood occasions. Prof. Hebra does not think that it is pus *as such* which causes the pyæmia, but pus already decomposing. Here, then, is another disease brought on distinct from the variola, and one which our art has not yet succeeded in subduing.

The pyæmia which belongs to the anomalies of the variola shows itself by chills, occurring on the tenth or twelfth day, having intermissions, however, so that the patient can revive between them. Sooner or later, metastases appear. Some fourteen days often intervene between the first chill and the following metastasis, but we see that the pyæmia has already begun, for the patient does not rally thoroughly, and cannot sleep. After these symptoms, an œdema will suddenly appear at some one spot, for instance on the

extremities, particularly the arm. The partes minoris resistentiæ are very different in different individuals, and as these are first attacked, we can often determine beforehand where the deposits of pus will take place. The patients complain of pain over these points, and we must examine every day to see whether there is any deep-seated fluctuation, the early opening of the abscess, or rather "accumulation of putridity," being very essential. Such deposits belong to the less dangerous metastatic appearances. If the œdema lasts some time, and forms a humor whose base becomes bluish-red, we shall have a gangrene, that will spread further, destroying not only the skin, but (provided the patient does not previously die), also the cellular tissue, the muscles and other soft parts, making the bones look as if they had been prepared. The extremities, especially the lower ones, are the seat of this affection. This gangrene in variola generally assumes a very dangerous character. Prof. Hebra can recall but one person who recovered from an attack of it, and even then not wholly, on leaving the hospital. Every other case terminated fatally. Of course the extent of these collections of pus is very varied. Some are so large that we really at first are in doubt what to do with such an enormous abscess. Prof. H. had seen one that began at the third cervical vertebra, and extended to the sacrum, covering the whole back. Such an abscess must be opened in two or three places, and it is wonderful how these enormous undermined places clear up as soon as the pyæmia terminates.

In other cases the morbid product is poured out under the epidermis, and not *in* or *under* the cutis. Then a new eruption comes out, and in one or two different forms, i. e., either as vesicles, like pemphigus (*pemphigus variolorus*), or else we see the variola crust *surrounded* by new vesicles pushing up the epidermis, and forming a wall (*rupia variolosa*). Both of these forms occur frequently when there have been chills in the stage of the crisis, and are as indicative of a pyæmia as the formation of abscesses or furuncles on other parts. They are most commonly seen on the chest, and are always an unfavorable sign when present in any great number, or if they repeatedly form, and spread from the periphery. These vesicles often re-appear from two to four times, the first-formed vesicular wall or circle drying up, and around it a new one starting out, so that what at first was the size of a pea becomes as large as a half dollar.

Besides this, we may have in variola what is called "noma," i. e., a circumscribed sphacelus, which acts on the surrounding parts so as to destroy them. It receives the name of "noma" when occurring on the cheeks, and is most often seen in the exanthemata, particularly measles, but *may* come in variola or scarlatina.

[To be continued.]

## ON THE EMPLOYMENT OF IODIDE OF POTASSIUM IN DISEASES OF THE BRAIN IN CHILDREN.

BY JOHN COLDSTREAM, M.D., F.R.C.P.E.

It is now upward of twenty years since iodide of potassium was commended by Roeser and others as a remedy of special power in hydrocephalus. At that time I began to use it in my own practice, was soon convinced of its utility, and have continued to employ it ever since with increasing satisfaction. The results I have obtained have been so much more decidedly favorable than those which I had been accustomed to see under the employment of depletion, calomel and purgatives, that I have been surprised to find comparatively few references to the treatment of diseases of the head by this agent in the more recent works on the practice of medicine. I have met with but a small number of practitioners who seem to recognize it as a remedy of marked efficacy.\*

My own experience has gradually led me, for a considerable time past, to its employment, almost exclusively, in the treatment

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\* Dr. Risdon Bennett, in his valuable treatise on acute hydrocephalus, published in 1843, states that his experience had led him to conclude that iodine and the iodide of potassium were remedies worthy of more extended trial than had been given them. He refers to cases published by Roeser (*Hufeland's Journal*, April, 1840), in some of which recovery took place from very desperate conditions of the system, after the administration of large doses of the iodine: also to certain cases reported in *Schmidt's Jahrbucher* for 1840, as having been treated successfully in Riga, with a combination of iodine and calomel. Dr. Copland (*Dict. of Pract. Med.*, vol. i., p. 675) remarks:—"In several cases approaching the subacute form of hydrocephalus, I have prescribed a solution of the hydriodate of potash in distilled water, with or without a little iodine added to the solution, in small but frequent doses, and with evident advantages." In their *Practical Treatise on the Management and Diseases of Children* (1842), Drs. Evanson and Maunsell give the results of their experience in the following terms:—"In either of the forms of hydrocephalus" (acute or chronic), "and even in the second stage of the acute variety, we much prefer the use of iodine to that of mercury, and have seen some cases of its signal success. Iodine, to be effectual, however, must be largely employed, both internally and externally. The proto-ioduret of mercury would seem to present particular advantages. The ointment of bin-iodide of mercury appears eligible for producing speedy irritation over the scalp."

More recently, Dr. Willshire (Clinical Observations, *Medical Times*, August, 1847) reported very favorably of the results he obtained in treating hydrocephalus with iodide of potassium combined with iodine—iodine ointment being at the same time applied over the shaven scalp. The learned *Practical Treatise on Diseases of Children*, by Dr. Forsyth Meigs, of Philadelphia, while it contains an acknowledgment of the author's want of success in treating tubercular meningitis with iodide of potassium, has also the following remarks:—"It is, nevertheless, a remedy which ought to be tried. I would recommend its use in doses of a grain every three or four hours for children of two years of age. It ought to be begun with as soon as the acute symptoms have been sufficiently reduced by bloodletting and purging, and to be continued in connection with counter-irritants, and cold to the head."

In discussing the treatment of tubercular meningitis, Dr. Wood, of Philadelphia (*Treatise on the Pract. of Med.*, 1856), says:—"Iodine should be employed in this form of meningitis from its supposed influence on the serofulous habit of the body, and in the hope that, if it do not promote the absorption of the tuberculous matter, it may possibly prevent its deposition. I would commence with it in such doses as the stomach of the child could bear, and continue it throughout the treatment. The iodide of potassium, or the compound solution of iodine (*U. S. Ph.*), should be employed. Iodide of mercury might, with great propriety, be substituted for the calomel, at the stage at which it is desirable to aim at the mercurial impression; and, in this case, the other preparations of iodine should be abandoned." One of the most accurate and practical amongst continental writers on diseases of children, Dr. Alois Bednar, of Vienna, advises the substitution of iodide of potassium for calomel, in the advanced stage of meningitis, in doses of one, two, or three grains every half hour (*Lehrbuch der Kinderkrankheiten*, 1856—a truly valuable work). The same author states that he has seen some cases of congenital hydrocephalus cured under the use of this agent (*Lehrbuch*, p. 160). Notwithstanding such testimony, the treatment in question is not once referred to in any of the well-known and influential works on the practice of medicine by Alison, Watson, Graves, West, and Bennett. Even in the very elaborate and masterly monograph on acute meningitis by Dr. C. E. Reeves (*Glasgow Medical Journal*, vol. vi., 1859), which gives the results of most extensive statistical inquiries regarding this disease and its treatment, no mention is made of iodide of potassium as a remedy.

of those numerous ailments of children, which we cannot but regard as indicative of a tendency to hydrocephalus. In all cases in which, from the course of symptoms, I have reason to believe that the central organs of the nervous system, or their envelopes, are in any degree affected with strumous inflammation (tubercular cerebritis, or meningitis) or its consequences, after moderate purging, and perhaps application of leeches to the head, I am in the habit of prescribing the iodide, in doses of from half a grain to three grains, every three or four hours, generally dissolved in some carminative water, and continuing it in doses, varied according to the symptoms, for many days, or even until convalescence is fully established; and I am quite satisfied that, under this treatment, with the occasional addition of blisters to the shaven scalp, I have seen far more prompt and decided effect produced upon the disease than I used to see under the old treatment.

When opportunities have been afforded of commencing the use of the iodide early, it has appeared in several cases to arrest the progress of the disease *rapidly*, so that the formidable effects of effusion, indicated by squinting and convulsions, have not supervened. In less favorable circumstances, in cases where considerable prostration had succeeded to great febrile action, and in which starting and squinting had become prominent symptoms, I have seen, in not a few instances, the free use of iodide of potassium followed by amendment and complete recovery. In such cases, and in others still farther advanced, I have generally given larger doses, even to the extent of four grains, several times a day, to children of from four to eight years of age.

The medicine is very seldom refused by the patient, and I cannot say that I have ever seen it either increase the nausea that so frequently exists in the earlier stages of the disease, or produce any other untoward effect; especially have I never seen it induce salivation, which the drug sometimes seems to cause when given for other ailments.

It seems generally to act upon the kidneys; yet I cannot say that the amount of relief to the head symptoms bears any very obvious relation to the quantity of urine excreted.\*

Although I have no doubt that the iodide is more especially useful in cases where there exists more or less of the scrofulous diathesis, I have used it with satisfaction in patients apparently free from all such taint; even in cases where the ailment seemed to have followed injury from external violence, as so often happens

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\* In a paper, "On the Diuretic Action of Iodide of Potassium" (*Arch. of Med.*, No. 3, London, 1853), Dr. Hanfield Jones remarks, that "there are certain remedies which exert very positive curative influence, admitting of no doubt or question, yet which afford no clue in their general mode of action to explain their special effects. Such, it appears to me, is iodide of potassium." Dr. Jones's observations lead him to conclude that, under the use of iodide of potassium, the quantities of water, of phosphoric and sulphuric acids, and of chlorine in the urine, are very much increased; but the knowledge of this effect of the administration does not enable us satisfactorily to explain its *modus operandi*, either in the cure of secondary syphilis or in that of tubercular meningitis.

in young children. I am not prepared, however, to assert that the iodide is more useful than calomel in *all* cases of inflammation of the brain and its appendages. When we have to treat robust and full-blooded children, in whom there is good reason to believe that the threatened disease of the nervous system stands more or less directly connected with preceding disorder of the digestive organs, I have no doubt of the superior efficacy of the mercurial treatment, combined with antimonials and salines; but when, after having duly administered these, symptoms of cerebral disorder continue, I would have recourse to the use of the iodide.

In cases of convulsions from teething, which, amongst ill-fed children, living in badly-aired localities, are not unfrequently followed by hydrocephalus, I have used the medicine with much satisfaction.

I have occasionally employed the proto-ioduret of mercury, as advised by Evanson and Maunsell, but not with more obvious benefit than I have been accustomed to see resulting from the use of the iodide of potassium. During convalescence, I generally prescribe the iodide of iron; sometimes a vegetable tonic, combined with the iodide of potassium.

In several cases of recovery from severe attacks of meningitis, it has occurred to me to find the mental powers of the little patients considerably impaired. This result has occasionally been protracted for many years, and seems likely to prove permanent; but, generally, it has gradually become less apparent, and ultimately passed off entirely.

In thus endeavoring to recall attention to what I believe to be a truly valuable agent in the treatment of a class of formidable diseases, I would not overlook the fact, that all past experience tends to assure us that a great majority of cases of disease of the brain in early life prove fatal under all kinds of treatment. In advanced stages of the tubercular forms of these diseases, we may not yet venture to hope for any great advantage in the use of the iodide of potassium. But I am disposed to agree with Drs. Copland,\* Willshire, and West, in believing that they may be cut short, if subjected to treatment in an early stage, more frequently than is generally imagined. My own experience leads me to regard the iodide as more likely than any other drug to promote this desired end; and my confidence in it, as *the* remedy best adapted to all stages of tubercular diseases of the head, is so strong, that whatever else might be done, or left undone, I would persevere in administering it, even in circumstances the most deperate. In almost all diseases of children, it appears to me right to continue treat-

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\* "If recognized early, a large proportion of cases will recover; even in the most advanced periods the patient should not be despaired of. I have repeatedly seen recoveries take place, although strabismus, paralysis, convulsions, blindness, unconscious evacuations, and other unfavorable circumstances, had existed some time."—(COPLAND, *Dict. of Pract. Med.*, i, p. 668) "The prejudice which attributes the character of incurability to tubercular meningitis only serves the purpose of shackling the progress of medical art."—HALL, *De la Meningite Tuberculeuse.*)



ment, even to the last. I am very fully satisfied that the use of the iodide never produces any bad effects, however frequently it may fail to do good.—*Edinburgh Medical Journal*.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Nov. 14th.—*Abscess of the Mamma in a young Girl*.—Dr. PARKS had seen an example of mammary abscess in a girl of 14 years. She was stout and healthy, and no cause could be assigned for the affection, unless a severe catarrh might be so considered. The matter, amounting to between three and four ounces of healthy pus, was seated in the mamma itself, and not beneath it. He believed that the disease was very rare in so young a subject. Velpeau states that he has seen but three cases. Another peculiarity of this patient was complete absence of nipples, in both breasts.

Nov. 14th.—*Acephalous Fœtus carried much over the usual period of Gestation*.—The specimen, which was sent by Dr. E. D. Miller, of Dorchester, to Dr. ELLIS, was exhibited by Dr. JACKSON. It was born on the 7th inst., the ear presenting, and the shoulders coming with some difficulty; duration of labor about twenty-four hours. The mother was 24 years of age, and married in October, 1858. Last catamenial period, Dec. 9th. Motion first noticed, indistinctly, in the early part of May. Labor then occurred "*eleven months, less two days*, from last catamenial period. The patient was always regular, and was twice unwell after marriage." Patient's mother died on the 11th of February, and, *six months, at least*, before her death, she spoke to me," says Dr. M., in his history of the case, "of her daughter's conception."

The fœtus weighed  $7\frac{1}{4}$  lbs.; and from its long-limbed, and robust appearance, want of forehead, and swollen eyes and face, it suggested strongly, as some one remarked, the idea of an English prize-fighter, after a battle. Again, the broad and flat ears, which stood directly off from the head, in a way not generally observed in these cases, suggested the idea of a Chimpanzee, as seen from behind.

The dissection was reported at the following meeting. Upon the base of the skull, there was a very considerable quantity of cellulovascular tissue, but no trace of brain. The pituitary gland, however, existed, as Dr. J. believes that it very generally does in these cases. The spinal marrow bulged at the upper extremity, and about where the pons Varolii would have commenced; and from this part and below it, several nerves seemed to proceed. The fifth and sixth pair of nerves were pretty distinct; and also, upon the right side, the fourth pair and the par vagum.

The osteology was in accordance with this extension upward of the spinal marrow. The cervical vertebræ being properly formed, the posterior portion of the occiput was continued across from side to side, though formed of two pieces which were closely connected inferiorly but not superiorly, the upper edge of this bone being about on a level with the base of the skull. The frontal bones were about as deficient anteriorly as they usually are in these cases; the left sent a prolongation backward as far as the occiput just referred to; upon

the right side it did not extend so far back, but between it and the occiput was a small, flat and quite irregular bone; this last might represent a parietal, and excepting this, there was no trace of a parietal upon either side. The cranium was shown by Dr. J.

The internal organs were well-formed, excepting the minute renal capsules; and the foetus was well-formed externally.

DEC. 12th.—*Excrescence in the Rectum.*—Dr. ELLIS showed the specimen, and related the following particulars of the case, obtained from Dr. E. H. CLARKE, who first saw the patient in November, 1857. She had had, for some months, eight or ten dejections daily, their character not being then known. Soon after, however, they were found to be muco-purulent, with a little blood intermingled, and were accompanied by considerable tenesmus. The intestines contained a large accumulation of fecal matter, from which they were relieved after the use of injections and other remedies. During the first half of 1858, constipation and diarrhoea alternated, but were both easily controlled. In the middle of July, 1858, an indistinct movable tumor could be felt below the umbilicus, most readily detected when the bowels had been freely opened. She had but little pain, retained her strength, and was able to ride about, although she had daily ten or twelve dejections, consisting of muco-purulent matter and some blood, not offensive, nor accompanied by much tenesmus or pain.

During the next twelve months she continued very much in the same condition, taking small doses of morphine almost every day, and eating such food as she desired. In the fall of 1859 she became unable to ride out, and was confined to her bed during the greater part of the time. The dejections were moderately offensive, but not generally painful. In October, there was expelled a soft mass, about an inch in diameter, which proved to be of the same character as those afterward found in the intestine, of which a description is given in the proper place. The discharges gradually increased, the appetite failed, and she died in December, 1859.

On examination, old adhesions were found between the omentum and various parts of the abdominal parietes. The arch of the colon extended downward, in the form of a large loop, as low as the arch of the pubes. The large intestine, from the cæcum to the descending colon, contained much soft fecal matter. Below the latter point, the accumulation was not marked.

Six inches above the anus there arose abruptly, half an inch or more above the surface, a growth entirely surrounding the intestine, and from two to three inches wide. It was composed of a number of excrescences, varying from a quarter of an inch to perhaps an inch and a half in diameter. They arose either from broad bases, which they overlapped, or were attached to slender pedicles, or to bridges, some of which were very long and slender. A portion of the bridges, however, were sufficiently thick to bear excrescences of large size. The growths were externally of a deep-red, or bluish color, but whitish within, except at the centres, where they were again red. The cut surface presented a kind of radiated, or columnar arrangement. On pressure, a thick, white fluid exuded. They resembled in every respect the mass expelled before death.

On examination with the microscope, the growth was found to be composed of granular, elongated, and generally fusiform cells, about the size of the columnar epithelium of the bronchi. In many of them

no nuclei could be seen, but in others they were distinct, although small, with small nucleoli. Some of them were arranged in a columnar manner, like epithelium itself.

The intestine above the excrescences was but  $3\frac{3}{4}$  inches in circumference, and not hypertrophied. Below the growths it was 6 inches in circumference. The mucons coat was traversed by large vessels, but was in other respects normal. Around the margin of the anus were several hæmorrhoidal tumors. The small intestine was somewhat contracted, and in the kidneys were small serous cysts. The other organs were normal.

Dec. 27th.—*Apoplexy—Hypertrophy of the Heart, and Renal Disease.* Dr. HODGES reported the case.

Patient was a policeman, 49 years old, somewhat intemperate for a year or two, but always enjoying good health until March last, when, without appreciable cause, he was seized, soon after going to bed, with intense headache. The next day he was somewhat better, but at noon was again attacked, with still greater severity. The pulse was very full and rapid, and venesection to about 12 ounces produced great relief for a time, but delirium, without fever, ensued, and continued for twelve to fifteen days. The action of the heart was always violent, but no other trouble could be found, either by auscultation or other examination. The bowels were regular, or occasionally moved by cathartics. He was carried to the Hospital at the end of ten days, and soon after was taken by a cough, accompanied by a most profuse muco-purulent expectoration. Recovering, he left the Hospital after a few weeks, and resumed his duties as a policeman, the latter end of the summer, but the flesh and strength which he had lost were not regained; sore mouth, a slight trembling and other symptoms of debility were present; the pulse intermitted, and it became apparent that he had hypertrophy of the heart; he suffered constantly from palpitation, dizziness, loss of sight and headache, which, however, diet and regimen partially relieved. He continued at his duty until Dec. 13th, 1859, when, after his usual day's patrol, and an evening spent at an "Evening School," he came home, ate some gingerbread and cheese, went to bed about  $11\frac{1}{2}$  o'clock, and had hardly got to sleep, when he started up with an intense headache, and a certain amount of delirium. He vomited what he had eaten, and sat up in great distress. The heart's action was violent, his pulse very full, and the whole surface cool and clammy. These symptoms increased, respiration became labored, and at about  $4\frac{1}{2}$  o'clock, A.M., he died, in a comatose condition.

It was learned, after death, that he had never had any œdema, or scantiness of urine.

Dr. ELLIS made the following report of the *post-mortem* appearances.

*Brain.* That portion of the left hemisphere which lay below the level of the corpus striatum, was most extensively softened, and in part occupied by a large, recent coagulum. Though the softening which everywhere surrounded the latter had nearly reached the ventricle, no rupture had taken place into it. In one of the hemispheres of the cerebellum, at the junction of the gray and white matter, a portion of the substance, perhaps an inch in length and two lines in breadth, was of a dark-brown color, with some red streaks or points. These were found to contain many crystals of hæmatoidin. In the pons Varolii were several recent coagula, of considerable size.

*Heart* much hypertrophied, the enlargement being mostly confined to the left side.

The *kidneys* were granular, and on a microscopic examination the tubuli were found to contain much granular matter.

The lungs and other organs were perfectly healthy.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 19, 1860.

A WELL-APPOINTED HOSPITAL.—We had, a short time since, something to say in praise of the management of the London Hospital, and we dwelt with pleasure upon the recollections of a visit made to this Institution, under the auspices of Dr. W. J. Little, one of its Attending Physicians.

Deeply interesting as the details of arrangement of a hospital always are to the medical man, he is sure to be much impressed with them when travelling in foreign countries. Glad and proud as we are to put forward our own State Hospital, in Boston, as a model of good management, cleanliness and comfort, it is in no invidious spirit that we again refer to the excellencies of the London Hospital. Nor is it that we did not see great merits in many other similar establishments abroad; but perhaps because we became more familiar with this one, and are in possession of sundry valuable documents touching its regulation and statistics.

The extensive and careful provision made for the efficient working of the London Hospital, is truly noteworthy. If, at first sight, the machinery of management might be set down as somewhat cumbrous, this objection will disappear when its efficiency is known, and its excellent working appreciated. The particularity with which all the functions relating to the management of the hospital are discharged, is admirable.

In addition to the Electing Bodies—the “General Courts”—there is, first, a “House-Committee” composed of Thirty Governors, annually appointed; and which meets every Tuesday “to discharge and receive patients; to direct the purchase of Provisions and all other necessities for the use of the Institution; to receive the reports of the Medical and other Officers of the Hospital; and to examine and regulate all such Concerns as may be brought before them.”—(From the Anniversary Report of the London Hospital, for 1859.)

Next after these executive officers, come the “Committee of Accounts,” and the Visiting Committee. The first body meets quarterly, for the auditing of accounts; and the second, the members of which attend “as often as they think proper,” has the supervision of the management of the House and of the Servants.

Provision is made for the religious needs of the inmates by having a regular Chaplain, who “resides in the immediate neighborhood of the Hospital,” and who, in addition to the usual duties attaching to the office of a clergyman of the Church of England, is always at hand,

on emergency, "to visit, pray by, and administer the sacrament to the Patients at their bedsides." We cannot too heartily commend a provision of the above nature; and which, it seems to us, should form a feature in the construction of every Hospital Corporation. It surely merits the best attention of boards of Trustees charged with such arrangements.

We will rapidly run over the remaining list of Officers and Attendants; and we think that the enumeration alone, will make good the assertion of our caption in relation to the London Hospital.

There are Three Physicians and Three Surgeons in daily attendance; and also one Assistant Physician and one Assistant Surgeon present daily—Sundays, Good-Friday, and Christmas-Day excepted. A Fourth Assistant Surgeon was appointed in 1858, to supply the place of either of the others when disabled from attendance, from any cause. A Resident Medical Officer—as at the Massachusetts General Hospital—has charge in the absence of the Visiting Medical Officers; he receives all urgent cases, and acts in the intervals of the visits of the Attending Physicians. There are two Resident House Surgeons—one of whom is in constant attendance. These gentlemen "are responsible for the first treatment of all cases of Accident." There are, besides the above, An Obstetric Physician, who attends twice in each week, or oftener on occasion, "to see in-patients, and once a week to prescribe for out-patients;" A Surgeon-Dentist; A Medical Assistant, appointed weekly, "to aid the Resident Medical Officer"; Two Resident Pupils; Three Dispensers—two of whom constantly reside in the Hospital, and who "compound and dispense all the Medicines, and attend solely to the business of the Institution"; A Matron, who directs the Nurses and Women-Servants, oversees the Dietary department, the Bedding, Linen, and general Cleanliness of the House; a Clerk and a Surveyor, with the Nurses and Assistant Nurses, complete this full, well-trained and highly-efficient corps of *employés*. The Surveyor's "opinion is taken on all repairs and alterations"; and he "inspects the work and examines the Artificers' bills." The Nurses are hired by the Matron, subject to approval by the House Committee.

We began this article merely with the intention of detailing the inner machinery of this excellent Institution. That it is successful, we know from personal observation. There are many more points whose presentation would be interesting and profitable to those occupied in the regulation of Hospitals, Dispensaries, and similar establishments, and which we might set forth, did space permit, from the documents we have on hand. We can only now add, in conclusion, a few of the clauses of the "Report" already quoted, in reference to the admission of patients, &c.

"Out-Patients have Advice and Medicines administered daily.

"Cases of Accident and of Urgent Disease, are admitted at any hour of the day or night, *Without Recommendation*: but pregnant women; persons under mental derangement; persons having measles, scarlet fever, smallpox, itch, or other infectious disease, or in a state of confirmed consumption, or deemed by the Physicians or Surgeons incurable, cannot be admitted.

"No patient is permitted to remain in the House longer than six weeks in ordinary, or two months in extraordinary cases; unless by the express permission of the House-Committee."

No Hospital, like the extensive one we have been noticing, can har-

bor incurable cases—its province is to relieve the urgent, pressing cases of active disease and the various injuries incident to a large population. This is especially true of the London Hospital, which, from its situation near the immense docks and shipping interests of London, is peculiarly and appropriately devoted to the care of “Sick and Wounded Seamen, Manufacturers, Laborers, Women and Children.” It receives for care, with a few exceptions, all the Casualties which occur among a population of over 500,000 Persons, and composed chiefly of the Laboring Classes. In 1858, 27,790 patients were treated at the Hospital; not including trilling Accidents and Cases not registered. Of the above number, 11,529 were cases of Accident, “admitted on application and without any recommendation whatever.”

It is not to be wondered at, that, with all this labor and expense, the Institution—supported as it is mainly by voluntary contributions—should be often found to have gone beyond its income.

Another point which seems to be made clear, by the consideration of these topics, and by the over-crowded state of hospitals devoted to acute cases, is, the crying necessity, in every community, for establishments for the reception of *chronic* and *incurable* cases.

A REVOLUTION IN ANÆSTHETICS.—The Paris journals describe a new method of producing insensibility, or rather a new way of applying an old method, which may be available in some cases, but which must frequently fail. We copy from the *Lancet* the following account of the process.

“The patient, either sitting up or lying down, is put in a convenient position. The operator then, standing either before or behind him, places before his eyes, at the distance of a few inches, but generally nearer than the point which allows of distinct vision, some bright object, upon which the patient should steadily and continuously fix his eyes. The bright object should be so placed that the eyes in looking at it, must be forcibly directed upward, the contraction of the superior recti being carried to its maximum degree. In this position, the levatores palpebrarum and recti are strongly contracted, and convergent strabismus takes place. After this attitude, which is certainly very fatiguing, has been kept up for two or three minutes, the pupils are noticed to contract, and soon afterward to dilate; the eyelids quiver rapidly, then fall, and the patient is asleep. Two symptoms, almost always present, are then observed; they are, however, in different cases, more or less marked and lasting: 1, catalepsy, exactly as described in books; 2, anæsthesia, which lasts from three to fifteen minutes, either complete or incomplete, but which allows of pinching, pricking, and tickling, without any feeling being aroused in the patient, and without any change in the cataleptic state being produced. This anæsthetic state is generally followed by a very opposite condition—namely, very remarkable hyperæsthesia, in which the senses, the feeling of heat, and muscular activity reach an unusual degree of excitability. At any moment of the experiment the symptoms may suddenly be stopped, by rubbing the eyelids, and directing upon them a stream of cold air. When the patients recover their senses, they remember nothing of what has taken place.”

This is evidently nothing more than the phenomenon which is called Mesmerism, or animal magnetism, long known, little understood, and frequently brought before the public as something new. The best account of it is to be found in the Five Essays of the late Dr. Mitchell, of Philadelphia.

MEDICAL INSTITUTION OF YALE COLLEGE. *Annual Examination, 1860.*
—The Committee of Examination convened on Wednesday, Jan. 11, 1860, and continued in session two days. Present, on the part of the

Connecticut Medical Society, Ashbel Woodward, M.D., of Franklin, President, James Welch, M.D., of West Winsted, and Timothy Dimock, M.D., of Coventry; on the part of Yale College, Profs. J. Knight, C. Hooker, W. Hooker, P. A. Jewett, and C. A. Lindsley.

Thirteen candidates, after a satisfactory examination, were recommended for the degree of Doctor in Medicine, viz.: Lewis Henry Alving, New Haven, on *Hernia*; David Carlisle Aney, Dimock, Pa., on *Specialties in Medicine*; John William Barker, Clinton, on *Scarlatina*; Abel Carter Benedict, Cornwall, on *Dropsy*; Timothy Huggins Bishop, New Haven, on *Cataract*; Evalyn Lyman Bissell, New Haven, on *Aneurism*; Platte Edward Brush, Dimock, Pa., on *Medical Heroism*; Samuel Farnam Chapin, Watsburgh, Pa., on *The Vis Medicatrix Naturæ*; Nelson Gregory Hall, Guilford, on *The Mind, Physiologically and Psychically Considered*, with the Valedictory Address; Charles Henry Hubbard, Clinton, on *Mental Influence in Disease*; John Benj. Welch, West Winsted, on *Pneumonia*; John Burns Williams, Danbury, on *Injuries of the Head*; Edward Prindle Woodard, Bethany, on *Phthisis*.

Drs. P. G. Rockwell, of Waterbury, and A. T. Douglass, of New London, were appointed to give the annual addresses to the candidates in 1861-62.

Dr. J. Welch was appointed to report the proceedings of the Board to the President and Fellows of the Connecticut Medical Society.

The Medical Commencement was held on Thursday evening. The exercises were opened with prayer by President Woolsey. The Valedictory Address was given by N. G. Hall, of the graduating class, and the address to the candidates by Samuel W. Gold, M.D., of West Cornwall—after which the degrees were conferred by President Woolsey. The Committee adjourned to meet on Wednesday.

CHARLES HOOKER, *Secretary*.

GASTROTOMY.—In a late number we alluded to this operation, performed by Dr. Bell, of Wapello, Iowa, *for the removal of a bar of lead, eleven inches long, from the stomach*. In reply to a letter to Dr. Bell, we have received from him the manuscript of the article which we print in the present number. It appeared originally in the *Iowa Medical and Surgical Journal*, April, 1855. It will be seen that the patient is now alive and well. We believe this extraordinary case to be wholly unique in the annals of medicine.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.—At the Annual Meeting of this Society, held Jan. 9th, the following officers were elected: *Secretary and Treasurer*, Dr. Francis Minot; *Cabinet Keeper*, Dr. J. B. S. Jackson; *Librarian*, Dr. Buckminster Brown; *Prudential Committee*, Drs. D. H. Storer, A. A. Gould, C. E. Ware, J. M. Warren.

VIRGINIA MEDICAL JOURNAL.—This Journal is henceforth to be published under the title of the *Maryland and Virginia Medical Journal*. Dr. McCaw will continue, as heretofore, chief editor, assisted by Dr. W. C. VAN BIBBER, and a large corps of collaborators.

SUCCESSFUL REMOVAL OF A FIBROUS TUMOR OF THE UTERUS.—The last number of the *American Medical Monthly* contains the account of an operation for the removal of a fibrous tumor of the uterus, by Dr. ROBERT NELSON, which

was followed by success. The disease was of over five months' standing, and consisted of three lobes, of which the largest filled the whole of the left iliac region, and extended to the ribs, and to the right of the linea alba, causing much distress by compressing the chest and stomach. It had been diagnosticated as ovarian cyst, and there is nothing in the account before us to indicate that its true nature was known at the time of operation, although we presume this must have been the case. The two largest tumors were removed by the knife, leaving a stump three inches in diameter. The patient recovered with hardly a bad symptom, and lived in good health for three years, at the end of which time she died in California of some obscure abdominal disease, with a fistulous opening into the intestine.

HOME FOR INVALIDS.—Every physician must at times have felt the want of some establishment in the country, under competent medical superintendence, to which he could recommend such of his patients suffering from chronic disease as require change of air, and a more special surveillance than is practicable in private practice. In the management of many obstinate affections, particularly of females, it is of importance to have the details of treatment thoroughly carried out, and this can hardly be done unless the patient and physician reside under the same roof. We venture, from personal observation, to recommend to our brethren Dr. DENNISTON'S establishment, at Northampton, whose advertisement will be found in this JOURNAL, as fulfilling, in a large measure, all the requirements of patients under such circumstances.

HEALTH OF THE CITY.—The mortality of the past week shows a considerable preponderance (14) of deaths of males over those of females. Thirty-three of the deaths were of subjects under 5 years of age; 7 between 5 and 20; 19 between 20 and 40; 13 between 40 and 60; and 12 over 60. The deaths from consumption include 10 males between 16 and 48 years, and 9 females between 28 and 60. The victims to smallpox were 6 males, 2 of 2 years, and one each of 18, 28, 41 and 45 years; and 2 females, both children. We notice 5 deaths from pneumonia, 5 from scarlatina, 4 from disease of the heart, and 6 casualties—2 children, 1 of whom died from swallowing a pin, and 4 adults, 1 of whom was suffocated by coal gas. The total number of deaths for the corresponding week of 1859 was 65, of which 15 were from phthisis, 8 from pneumonia, 0 from smallpox, 4 from scarlatina, 1 from disease of the heart, and 1 from casualty.

LOWELL PHYSICIANS.—The promptitude with which so many of our Lowell physicians and surgeons responded to the call from Lawrence, is especially creditable to them. The Boston reporters say that twenty-two were there promptly; some without waiting for the cars hastened to the scene of distress with their own teams, and were indefatigable in their efforts to relieve the wounded and to assuage the pangs of the dying.—*Lowell Citizen*.

NOTICE.—Mr. Charles W. Polman, of the University Medical College, 107 East 14th Street, New York, is an authorized agent for the Boston Medical and Surgical Journal, and will receive subscriptions due in that city and Brooklyn.

Bills were enclosed to subscribers of the JOURNAL a few weeks since, in their copies, and have in general been promptly attended to. Whenever a receipt for money forwarded is not sent to the subscriber in his next number, it is particularly requested that the publisher be at once informed of the omission.

ERRATA.—Page 476, line 12 from bottom, for "several" read *separate*.

Deaths in Boston for the week ending Saturday noon, January 14th, 84. Males, 43—Females, 25—Accidents, 6—apoplexy, 1—asthma, 1—disease of the bowels, 1—congestion of the brain, 2—softening of the brain, 1—bronchitis, 2—consumption, 19—convulsions, 4—croup, 3—cyanosis, 1—diabetes, 1—diarrhoea, 1—dropsy in the head, 3—puerperal disease, 1—scarlet fever, 5—typhoid fever, 1—gangrene of the lungs, 1—disease of the heart, 4—disease of the kidneys, 1—inflammation of the lungs, 5—marasmus, 1—measles, 2—old age, 2—smallpox, 8—teething, 1—unknown, 6.

Under 5 years, 33—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 13—above 60 years, 12. Born in the United States, 51—Ireland, 22—other places, 5.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXI.

THURSDAY, JANUARY 26, 1860.

No. 26.

STATISTICS OF LIFE.

[THE following statistics, which we find in the Boston *Evening Transcript*, over a signature which we think we recognize as that of a most reliable and well-informed writer, are, to our minds, interesting and valuable, and we therefore reprint them.—EDITORS.]

Do you wish to know the comparative healthiness of city and country life? From a large mass of authentic facts there have been gathered results deeply interesting. By taking the averages in large cities, and comparing them with the same number of persons in the country, the true answer will appear. Let us, therefore, take the following table, made nearly one hundred years ago, respecting the city of Paris, in France, and the country which is ten, fifteen, and twenty leagues distant from it. The record embraces 13,189 persons in each of the several places. London is included, without any mention of country life in England, though it shows a strong resemblance to that in France. The number of deaths in these three places, between the ages specified, is as follows:

| Ages. | | | | |
|-----------|--------|------|----------------|------|
| 1 to 2 | Paris | 4131 | In the country | 5738 |
| " | London | 4413 | | |
| 2 to 5 | Paris | 1410 | " " | 957 |
| " | London | 1046 | | |
| 5 to 10 | Paris | 740 | " " | 585 |
| " | London | 443 | | |
| 10 to 20 | Paris | 507 | " " | 576 |
| " | London | 396 | | |
| 20 to 30 | Paris | 698 | " " | 937 |
| " | London | 1146 | | |
| 30 to 40 | Paris | 885 | " " | 1095 |
| " | London | 1370 | | |
| 40 to 50 | Paris | 962 | " " | 912 |
| " | London | 1442 | | |
| 50 to 60 | Paris | 1062 | " " | 885 |
| " | London | 1113 | | |
| 60 to 70 | Paris | 1271 | " " | 727 |
| " | London | 870 | | |
| 70 to 80 | Paris | 1108 | " " | 602 |
| " | London | 626 | | |
| 80 to 90 | Paris | 361 | " " | 159 |
| " | London | 282 | | |
| 90 to 100 | Paris | 59 | " " | 16 |
| " | London | 42 | | |

The extraordinary number of deaths of infants during the first two years of their lives (spent in the rural districts of France), is owing to the fact that one sixth of all the children born in Paris were once nursed in the country; and these were mostly children not much cared for. In London, one hundred years ago, one person out of every 31 died each year; and in the country one out of 33.

Let us look at this law of nature from another angle in earlier times. Take the tables beginning 1667 and ending 1682. During these 16 years there were, in London, 196,196 births, and 308,335 deaths. In Dublin, Ireland, from 1668 to 1680, inclusive, there were 6157 births and 9865 deaths. These figures show that these cities must have the aid of the country to keep their population up. A most emphatic confirmation of the above is found recorded in the "*Conducteur General de l'Etranger dans Paris*," France, 1842, by Teyssèdre. It is as follows:

The city of Paris having been very little frequented by strangers until the fifteenth century, the inhabitants were of the same kind as those of the surrounding country. One can speak of an *inhabitant* of Paris, meaning thereby an individual who resides in the city; but it would be very inaccurate to call him a *citizen*, if by this word you would imply that his family has been continued in Paris through several centuries. It is extremely rare to find a man who can count many generations of *Parisian* ancestors. Out of the 800,000 individuals who now (1842) compose the population of the capital, there are not even one thousand whose ancestry can be traced back, through father and son, to the reign of Louis XIII. (1610). *In our day it is as necessary that the country should supply Paris with men as with eatables.*

The cause of this singular absorption of men is not unknown to us, but it would not be proper to develop it here; but we would content ourselves with saying that the effects are more visible in males than in females. Young Parisian boys of the second and third generations show much of the form and manners of girls; and when married they seldom have children who live. From these facts, we conclude, that any family, who from taste or necessity resides in Paris *uninterruptedly* in the same house, apartment or shop, is doomed irrevocably to extinction.

The family of Rochefoucauld is among the oldest of the present noblesse; and it is said that they have sustained themselves by adhering to their traditional habit of residing eight months of every year in the country.

Let us look a little closer at these authentic records, so carefully made by the philosophers of Europe.

In the human family it is found that the number of births and deaths, in any country or State, is varied by circumstances. Consider one fact, in France, shown in the following table:

| Years. | Baptisms. | Marriages. | Deaths. |
|--------|-----------|------------|---------|
| 1709 | 16,910 | 3,047 | 29,288 |
| 1710 | 13,634 | 3,382 | 23,389 |
| 1711 | 16,593 | 4,484 | 15,920 |

The explanation is this: In the year 1709 there was a famine in France, much like the recent one in Ireland. The number of births, therefore, in the next year was only 13,634, whereas the ordinary number, in the years preceding and following it, was over 16,000. This shows how the want of proper food diminishes the number of births. This statement will be confirmed wherever there is an unusual or extreme scarcity of nourishment.

So also the number of deaths in 1709 was 29,288, from the same cause, while the average in preceding and succeeding years was 18,000. For like reason, the number of marriages, in 1709 and 1710, was nearly one quarter less than in ordinary years.

Moreover, the record of deaths in Paris, from 1708 to 1767, being 57 years, shows that long and severe winters were a cause of unusual mortality. The winters of 1740 and '41 were more extended and severe than any since 1709; and in 1740 there were 25,284 deaths, and in 1741 there were 23,574. The winter of 1754 was the next in severity; and in that year there were 21,724 deaths. These are remarkable additions to the annual average of 18,000.

By tables of mortality we are able to tell the number of persons who survive; thus making death take a census of the living. For example, in Paris, at the period above considered, it was found that one death occurred out of every 35 persons. Take, therefore, the annual average of 18,000 deaths, and multiply that by 35, and it gives 630,000 as the number of living inhabitants.

There is much to be learned from the following table, which records the births, marriages and deaths in several villages near Genay, in France, containing 2,661 inhabitants.

| Years. | Baptisms. | | Marriages. | Deaths. | |
|--------|-----------|----------|------------|---------|----------|
| | Males. | Females. | | Males. | Females. |
| 1770 | 59 | 57 | 20 | 37 | 41 |
| 1771 | 38 | 48 | 13 | 36 | 37 |
| 1772 | 44 | 46 | 13 | 45 | 44 |
| 1773 | 57 | 37 | 18 | 26 | 27 |
| 1774 | 60 | 45 | 18 | 43 | 42 |
| | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| | 258 | 233 | 82 | 187 | 191 |

Total of births 491, and of deaths 378.

This district of country had few rich people at that time; but the laboring classes had nourishing food and protective clothing. The table shows about six children to each marriage; and 25 boys to 23 girls. It shows, also, that annually one out of every 35 persons died; and that the number born there was one quarter greater than the number who died there; and that more females died there than males. It was so because the men emigrated. There was a great scarcity of grain in the years 1771 and 1772, which accounts for the diminution in the number of marriages.

In Montbard en Bourgogne, France, from 1765 to 1774, inclusive, there were born 413 males and 413 females; and there were

137 marriages, thus giving six children to each marriage, while in Paris there are only four.

In Semur en Annois, from 1770 to 1774, inclusive, there were born 404 males and 372 females. There were 141 marriages, thus giving five and a fraction to each marriage.

Let us look a little further, taking the tables of births, marriages and deaths kept in the city of Paris from 1745 to 1766. It is found that the months in which the greatest number of children are born, are March, January and February; and those in which the least number are born, are June, December and November. Taking all the births from 1745 to 1766, inclusive, we find that there were born in March, 37,778; in January, 37,691, and in February, 35,816; while in the same years there were born in June only 30,857, in December 32,064, and in November 32,836.

According to the above-named tables, the months in which the greatest number of persons die are March, April and May; and in which the fewest, are August, July and September. During the 22 years the number of deaths were, in March, 42,438; in April, 42,299; and in May, 38,444. The number in August, 28,520; in July, 29,197; and in September, 29,251.

These statistics are taken from France, because the members of the French Institute used the greatest caution in gathering them. The lessons they teach, to a country like ours, are full of solemn admonitions.

C. B.

REPORT OF PROF. FERDINAND HEBRA'S LECTURES ON VARIOLA,

DELIVERED AT THE GENERAL HOSPITAL AT VIENNA.

[Translated from the *Allgemeine Wiener Zeitung*, Nos. 36, 38, 39, 40, for the Boston Medical and Surgical Journal.—Continued from page 477.]

BY B. JOY JEFFRIES, M.D.

IN rare cases of variola we have a dermatitis variolosa, or diphtheritis cutanea. When a large surface is deprived of its epithelial covering, a metastatic action commences, which covers the skin with a mass of exudation, like that of croup, white, firm and fibrous, and adhering so strongly to the corium that it cannot be separated. The bleeding that takes place causes this coating to become brown, and even black; then it remains dry, and looks like the sole of a shoe. This does not apparently affect the patient; he does not complain of pain in the part, and we can press or puncture it, or apply concentrated sulphuric acid, without his feeling it. With a favorable termination of the disease such a coating may be thrown off, like a slough, after the application of a caustic, such as potassa pura. This, however, rarely occurs. In one case, Prof. Hebra saw a similar inflammation of the skin in a

person 19 years old, who had been transferred to the smallpox ward from the lying-in hospital, because she had been attacked with an intense variola confluens. Before her entrance into the "birth clinic," a vesicant had been applied to relieve pain. In consequence of this, a mass of pustules came out on the spot where the blister had been. A severe pneumonia supervened, so that she was in great danger. In spite of all, however, she rallied, and the portion of skin that had been blistered became covered with a hard, white coating, and a high fever began. This whole mass afterward came off as a brown slough, and the patient recovered under an expectant treatment, pursued in order at least not to make her hopeless condition worse.

Finally, we must at least mention that some affections of the glands are apt to follow the stadium decrustationis. They are, however, rarely of importance.

It is an interesting fact that the eruption of variola in women generally comes with the menstruation (at least 90 per cent.), and mostly also at the time of a *regular* and not an *irregular* menstruation. With pregnant women the smallpox is very fatal. Experience teaches that the danger is the greater for the mother, the further the pregnancy is advanced, and the reverse as respects the foetus. Prof. Hebra saw in one case a dead foetus brought into the world covered with variola. The eruption in such cases does not appear as it would on an adult or on a child. It consists of little swellings of the epidermis like the variola, and similar also to those we see on the udder of the cow. If a woman in the eighth or ninth month of pregnancy is attacked with smallpox, she will give birth to a healthy child, on which vaccination will "take." Under these circumstances the child runs no danger, but the mother so much the more, because in the puerperal state the slightest infection from decomposing animal substance may readily cause pyæmia and death. Hence the smallpox is decidedly more fatal with women. If, on the contrary, a woman in the second or third month of pregnancy takes the variola, there is little danger comparatively for *her*, but the child will die; that is, abortion commonly follows.

For no one, however, is this disease so dangerous as for a new-born child. When such a one is attacked with variola, quantities of papules appear on the mucous membrane. And when we see these, the child's parents must be warned of the unfavorable issue. Prof. Hebra never saw a case of recovery. New-born infants who have not been vaccinated may have a *light* varicella, even if their *parents* never have been protected by vaccination. When the eruption appears on the mucous membrane of the mouth of a new-born child, such an intense glossitis soon appears, that the infant can no longer take the breast. If there is fever in addition, they will refuse the breast as soon as the fifth or sixth day, or perhaps make one or two attempts and then let the tongue fall with a cry

of pain. Even the attempt to pour down milk soon becomes impossible. And so life fades out like a lamp that lacks the oil.

Variola of itself would seldom be fatal in adults, but would run through in some thirty days, were death not occasioned by the absorption of the pus. The disease is seldom fatal in the commencement. If the patient dies at the crisis, we cannot at once assume that it was a "variola in the blood" so long as there was no appearance on the skin. If, during a smallpox epidemic, a person is taken sick with all the symptoms of the stadium prodromorum, and dies in convulsions, and yet *post-mortem* examination reveals nothing, then we might perhaps say that he died from a variola affecting the blood alone. This view *may* be right, but is also *as* likely to be wrong:

In some cases there may be other appearances on the skin; for example, the skin may be hard, red and infiltrated. Here the disease is speedily fatal. Or there may perhaps be a hæmorrhage, in the cutis, spots of purpura showing themselves. This, however, could only be *so* explained (i. e., connected with variola) during an epidemic. Mention has been made in history of a pestilential disease called the "black death" or "black smallpox." Possibly this was a fearful epidemic variola that carried off its victims in the stadium prodromorum, and where the *post mortem* revealed nothing but dark effused blood.

Other diseases may occur at the same time with smallpox, but are not *necessarily* concomitant. Any patient with variola may have typhus fever, pneumonia, pleurisy, &c. We often see smallpox after typhus, or typhus after variola.

Treatment.—When we speak of any exanthema and say that it has a definite duration, and follows this or that course, we may readily see that it is like the works of a clock when wound up, which will regularly run down, provided nothing interferes with them. Now we possess no means of altering the character of this exanthema, or of preventing the eruption. We would gladly do the latter if we could.

The idea that cold air, cold water, or "taking cold" will cause a metastasis in variola, is entirely without foundation. Prof. Hebra has seen patients with smallpox who had been exposed from the beginning to the end of the disease to severe cold, and under the most unfavorable circumstances, without the natural course of the disease being interfered with. For example, some years since a day laborer in Gratz was taken sick and could not be received into the hospitals there, which were already crowded. Finding no shelter, he determined to walk to Vienna* as he was, barefooted and scantily clothed. It was the depth of winter, and he was already feverish and had the first appearances of the eruption. On

* Gratz is 125 miles from Vienna. The road runs over the Semmering Pass, which is 3,200 feet above the level of the sea.

the road he was forced to rest over night in barns or sheds, and so made the journey in three weeks, arriving at the Vienna Hospital convalescent, without any metastasis of the disease having occurred.

Thus it would seem that we need not fear the effect of cold in the acute exanthema, as it used to be dreaded. In fact, we give it the preference over heat. For we have never seen that a patient was injuriously affected by being kept cool, but quite the contrary from too great warmth. It is better to keep the patient in any acute exanthema just as he is accustomed to be when in health. There are people who must be well covered to prevent their being chilled. We would not employ cold with these, but, on the other hand, should use it with those who could not bear warmth.

Now as to the effect of medicine. It used to be the custom to follow certain prescribed rules from the beginning. If in the stadium prodromorum the fever lasted two or three days, it was thought that it did so because the eruption did not come out fast enough. Resort was therefore had to various means of assisting it. Some performed venesection, others used epispastics, or sudorifics, or stimulants, camphor and the like, and believed to promote thereby the coming out of the eruption. Experience, however, has proved that bloodletting, sudorifics, stimulants, &c., are of no use, but rather do harm. Just as little is expected from any such treatment when the disease has once reached the eruptive stage.

The true treatment of variola is to look to the accompanying symptoms, which we must endeavor to relieve—the catarrhal affections, headache, &c. We must not, however, expect to induce sleep by opium or similar narcotics. Nor can we allay the itching. No opiate will give the patient sleep before the eighth or ninth day. Opium is therefore useless, except when with catarrh or diarrhoea we might use Dover's powder, or decoctum salep with opium. Except for the above-mentioned symptoms, all internal remedies are unnecessary, unless in private practice we want to use some indifferent medicine; for example, a decoct. althææ with syrup. cortic. aurant., or acidum Halleri (elixir of vitriol). The latter, however, only when there is no appearance of the eruption in the mouth.

The general treatment of variola would commence in the stadium floritionis. Now we may readily observe that some small-pox patients are soon convalescent, the desiccation of the pustules taking place quickly. Our art is therefore evidently called upon to try everything that will hasten the removal or the drying up of the contents of the pustules. Prof. Hebra has endeavored to obtain this end in numerous ways. One would in fact imagine that a fluid so coagulable as the contents of the pustules, might be easily made to dry up. Unfortunately, this is not so readily done. Other physicians have felt the same necessity, and have thought to effect their purpose in a peculiar way, namely, by puncturing each

pustule and touching it with "lapis infernalis." But in the lighter forms this is not necessary, and would only be in place in confluent smallpox. The number of the pustules, however, renders it not only impracticable, but the scabs would be pushed up by the continued exudation beneath, and an unprotected spot be left where pus would again form. Prof. Hebra tried sublimate also, which was once considered so useful in the affection of the eyelids in variola. He used sublimate lotions, and pretty strong sublimate baths, but without success. Diluted acids, as nitric, sulphuric, &c., were just as useless. He also employed electricity, merely experimentally, little as he thought and found would be gained by it. Strips of tin foil were laid on the skin, and the stream sent through in the customary way. When we consider that the eruption on the mucous membrane of the tongue never becomes pustular, but that the continued maceration caused by the fluids of the mouth empties the vesicles of their contents, we might infer that the same could be done on the skin with water or oil. It would be worth while to use a special apparatus for this purpose—something like a bag of gutta percha, with two stop-cocks, so that it could be filled with water, which would be allowed to flow off—similar to what Langenbeck used for another purpose with wounds. Such an experiment would naturally only be practicable with a variola confluens. On the face, where no such apparatus could be used, we might supply its place by fomentations. The plasters that were once employed, and that are now still in use, have the same object. The emplastr. hydrargyri, or emplastr. de vigo, or emplastr. saponat., &c., can only have any effect by macerating the epidermis. Could we prevent the formation of pus in the vesicles, variola would not be so fatal, for death mostly occurs when the pus begins to decompose and be absorbed. Now, so long as we cannot prevent this formation and absorption, it is the physician's duty, if there has been any chill on the tenth day, or any other symptom of the deposition of pus, to carefully examine the patient daily, or even oftener, from head to foot, and if he finds an abscess to open it at once, remove the pus, and inject diluted sulphuric acid, or a solution of salt, or aqua vulneraria Theden, &c. It is not always practicable to open the abscess from end to end, on account of its size. We would therefore preferably make several incisions on different parts, in order to prevent the sinking down of the pus. The abscess must afterward be kept clean. It is often useful to apply pressure over those parts that have been undermined. If the patient escapes with life from such a metastasis, it will be long before he is thoroughly convalescent.

With regard to diet, Prof. Hebra has seen that if there is no fever, or even if the pulse is somewhat accelerated (from anæmia, for instance), but the *other* symptoms of fever are not present, such as a hot skin, dry tongue, chill, &c., then the taking of food is not contra-indicated. In fact, the pulse of some patients, after they

have taken food, becomes more tranquil, although it had been on the whole increased. Previous to the tenth day a light diet is necessary; after this time we must *support* the patient, encourage and satisfy his desire for food, in order to bring him through the disease. After the fourteenth day, when the course of the disease is natural, and somewhat later, when it is abnormal, tepid baths are decidedly beneficial, not only to wash off the debris of the pustules, and so render the neighborhood of the patient less infectious, but also on the patient's own account.

Prof. Hebra has used cold water and the cold douche with smallpox patients. He did not lose any one subjected to this treatment; but it is hardly to be recommended, as it is really a martyrdom for a feverish person who can scarcely stand from weakness, to get out of bed and go to a bathing tub. The experiment showed, at least, that the cold was not detrimental, but gave no further result. The sulphur baths that were tried in the other wards of the hospital were also of no benefit, and did as little harm, except that one patient with severe variola died under the treatment. It was a case, however, that probably would have been fatal whether or no.

As to the scars or pits, we may say that at the most five per cent. of smallpox patients will have them, but they need not *necessarily* be left by the severest forms of variola. Varicella will, on the whole, leave scars oftener than variola. It depends upon whether the pustules reach *deep* into the corium or not. The formation of a cicatrix *cannot* be prevented. It has been thought that the pitting could be prevented by applying sublimate, and where this could not be used or did not suffice, fat was put on the part, or ungt. cinereum, or emplast. hydrarg., or perhaps emplast. de Vigo, or lead ointment and lead plaster were employed, and recently also collodion. Now it is very evident how these came to be considered beneficial. A physician has had, for instance, a hundred cases of smallpox (and this is quite a considerable number), and has found that "pitting" has occurred in only five of these. He therefore attributes this favorable result to his mode of treatment. Prof. Hebra uses none of these means, and *his* result still remains the same. He formerly tried these different methods, but has now given them up. Collodion causes an unbearable tension of the skin, and he did not feel justified in subjecting a patient to pain and still do him no service. All that he orders to relieve the patient is a cold or tepid lotion, in order to assist the maceration of the epidermis: the cold at the commencement, when there is tension of the skin, and *afterward* the warm, when the cold would not be grateful. And like any lotion for an abscess, these may be united with an inf. herb. rutæ or gratiolæ. This will relieve the tightness of the skin, but will *not* prevent the formation of cicatrices. In some cases poultices are indispensable, on the palm of the hand or the sole of the foot, when the pus-

tules are numerous and painful, which is the case when these parts are callous.

From what has been said, we see that we must treat the symptoms in variola; that we must *watch* the patient with great care, but need only *interfere* when something anomalous occurs. For example, we should direct, for a conjunctivitis, a collyria of gr. i. sublimate with $\frac{3}{4}$ vi. water, put poultices on swollen glands, open any abscesses, &c. Too many laxatives are to be avoided, for they do more harm than good. Prof. Hebra once (*experimenti gratia*) allowed the bowels to remain without movement, whereby the fever was neither increased nor the patient's condition made worse. An attack of diarrhœa, on the other hand, is to be treated actively.

Supplement on Vaccination.—The idea of vaccination owes its origin to the inoculation of the human pox, which had long been used in the harems of the East, to preserve the beauty of their inhabitants. This method was afterward used in Europe, although not perhaps very generally. A varicella was used for inoculation in order to produce the mildest form. Soon, however, it was found that just the opposite result was obtained from that wished for; namely, a variola vera was produced, although a varicella had been used to inoculate with. Van Swieten gave the relative mortality as 40 per cent. for those inoculated, and 75 per cent. for those not inoculated. This method was therefore of some benefit, although not very great.

Jenner next came forward (1796), and introduced vaccination at first among a few, and afterward in wider circles. Since then, this great blessing for humanity has spread abroad over nearly the whole world. And although before Jenner's time a few experiments had been made with vaccination, yet they were not continued, and never reached any great extent. Lately remarks have been made here and there against the efficiency of vaccination. And particularly in England, where formerly it was not compulsory by law, and on being made so, met with resistance. In the "blue book," published by Simon, the collected experience of the relative worth of vaccination, not only in England, but also in other countries, is brought together. From this it is proved that persons who have been vaccinated will only have some one of the lighter forms of smallpox instead of the variola vera, and the mortality is very small, generally about 5 per cent., whereas with those not vaccinated, it reaches 30 per cent. These data prove the great value of vaccination, because they are collected from all countries where it is used. Now although vaccination has not answered entirely the expectations at first promised from it, although it is not an absolute protection throughout life against smallpox, and loses its efficacy after a certain number of years, so that the receptability of the variola contagion returns, yet it cannot be denied that its beneficial influence deserves the fullest

acknowledgment. There are cases where even before the vaccine eruption has entirely disappeared, the power of receiving the variola contagion is already present, for if the smallpox virus is once taken into the blood, vaccination is of no avail. We may sometimes see the variola and vaccine eruption going on side by side. This can only prove that the two diseases are *not* identical. Jenner supposed he produced the *same* disease in a milder form by vaccinating.

Variola occurs in those who have been vaccinated, in the majority of cases, between the ages of 15 and 20. This fact would lead us to re-vaccinate about this time. Yet experience shows that the most thoroughly successful re-vaccination does not give *complete* protection. Prof. Hebra observed a case where a patient died in his wards with confluent smallpox, who had been vaccinated and re-vaccinated, and who had, moreover, previously passed through a decided variola. We can understand this when we remember that the individual receptability of most noxious influences, and even of poisons, is very different; so that, for example, many inhabitants of the East habituate themselves to most extraordinary doses of opium and sublimate; and the same with arsenic and other poisonous substances.

Now the question will arise, where shall we take the virus from? As the vaccine was first taken from the udder of the cow, it has been thought best to use the original matter. Only a few of the many attempts to vaccinate the cow have succeeded, but the positive results tend to show that the contagion was transmitted *to* the cow *from* the human species. Jenner, however, was of the opinion that it came from horses. This dispute is not yet settled. The vaccine disease appears to be epidemic and contagious among cows. Prof. Hebra has seen such an epidemic with cows. The contagion appears to be both a fixed and a volatile one. As soon as one cow was attacked, another on the other side of the stable would be also soon affected, although she was milked by a different woman.

Variola, vaccinia, and also the sheep-pox, appear to owe their existence to the same original contagion; for, as has been proved, we can transplant the human smallpox on to cows and sheep, the cowpox on to men and sheep, and the sheep-pox on to man. Even if these experiments do not always succeed, yet the negative results cannot be considered as counter evidence. Perhaps the smallpox virus belonged originally to man, and has become milder by passing through the organism of other animals.

As to the original vaccine virus, experience has shown that when it is immediately transmitted to man, it produces a greater reaction than is caused by the lymph after it has passed through the human species. But this more powerful reaction is to be avoided, and we must take care, especially, with the weak organism of a child, that the vaccine disease does not exert a more powerful in-

fluence than the variola itself. Moreover it is a fact that transmission of the original matter from the cow is quite an uncertain procedure, and those who attempt it must vaccinate twenty or thirty times, whilst the lymph from man, carefully introduced, does not often fail.

It has been argued against vaccination, that we may by it transmit different diseases from one person to another, such as rachitis, scrofula and syphilis. And not long ago a Bavarian physician was accused of doing this, and proceeded against at law. If we mix cowpox lymph with water, we can dilute it to a certain extent, and it will still retain its power of producing vaccinia. Beyond this degree of dilution, it loses this power. If we mix vaccine and syphilitic virus, according as there is more of one or the other, there will be produced *either* vaccinia or a chancre, but never *both* at the same time. We *cannot* transmit both poisons at the same time. In a syphilitic child, however, the vaccine pustule may "degenerate," and then will not form the well-marked, round and full vesicle which we must always have, to be authorized in vaccinating another person from it. From the above it may be seen that there is no ground for the fear of transmitting other diseases with it, as is affirmed by those opposed to vaccination.

It has been asked, at what season should we vaccinate? To this we must answer, that it is perfectly immaterial at what time of the year it is done. If summer has been considered the best time, it only arises from the fact that the "vaccinating doctors" naturally prefer to make their tour then. At the "Principal Vaccinating Institution" of Vienna, about 8,000 children are vaccinated each year; and at all seasons.

As respects the age of children, some physicians would prefer to vaccinate them after teething. Others would rather they should be two or three years old. Now these ideas are not correct, for the younger a child is, the more likely is variola to be fatal. And as we hope to guard against the contagion by vaccination, this should be done as soon as possible. There is no reason why a child fourteen days old should not be vaccinated. And during an epidemic it is even better to vaccinate a new-born infant. Physicians are particularly advised to vaccinate their own children early. Prof. Hebra, being director of the smallpox wards, vaccinated his own children when eight days old, and they have been protected from variola.

Vaccinating is generally done in one of the following ways:—either directly from one child to another with a lancet, or collecting the lymph on ivory points or in little phials. Punctures are made at several different points on the skin, by pushing the lancet through the epidermis into the cutis, pressing it down with the thumb, turning it a little in the wound, and wiping it off when drawing it out, by pressure over the puncture with the thumb of the other hand. It is immaterial whether the wound bleeds or

not. The same is done when ivory points are used, first making the lymph warm and moist with saliva. If phials are used to collect the virus, they should be those with a cork stopper, and not the old-fashioned ones that required to be *warmed* before filling and emptying, because the lymph loses its power by heat. There has been an instrument proposed like a coarse pen, by which the virus is to be taken up like ink, between the two branches or points. With this, little scratches are to be made. It would not, however, be a good plan, because the vesicles produced are too long and too large.

It makes no difference on what part of the body vaccination is done. We generally choose those places where the scars will do no harm, and will be covered by the clothing. With us the arm is taken as a general rule. Prof. Hebra has seen people who had been vaccinated on the abdomen, and others on the foot.

Still another question is asked—shall we make *several* punctures? This we are accustomed to do on both arms, in order that one or the other may “take.” But we do not deny that a *single* vesicle affords just as much protection as several.

Now, as to the symptoms that appear after vaccination. We shall see that two or three days pass by without anything being seen on the spot, or at most only a minute scab of dried blood. This time represents the stadium prodromorum. Next, on about the fourth day, little prominences are to be seen (which are swollen hair sacs) that become papular, and on the sixth day change into the vesicles that we see on the seventh day. On the eighth, often not till the ninth, the vesicle is fully ripe, but its contents not yet changed to pus. At this time it is also in the best state to transmit the virus to another person. In order to collect the lymph, we make one puncture, and do not press out the fluid, for the purer and clearer it is, the better is it for vaccinating and for preserving. On the ninth day, the contents of the vesicle become milky, and on the tenth there is evident formation of pus, and we shall have a halo (often quite marked) around the pustule. The decrustation commences on the twelfth day; on the fourteenth, the scab is already formed, but often remains adherent some fourteen days more, so that there are cases where four weeks pass before it falls off, just as occurs in variola vera. Formerly, all sorts of purgatives, calomel, sulphur, &c., were given children; but now-a-days these are discontinued, for in a normal case of vaccinia no medicine at all is necessary.

Just as there are anomalies in variola, so we may have them in vaccinia. Now and then we see an abortive case of vaccination, where the pustules afford no protection. In other cases vaccinia is very protracted, the pustules go too deep, there is ulceration, symptoms of fever appear. An erythema or erysipelas, and even a fatal termination in consequence, may occur. Between these two extremes there are, of course, many degrees; for ex-

ample, the "wind pustules," that is, where the contents are quickly absorbed and the vesicle subsides. These afford no protection. In other cases more vesicles form than punctures made. We have an eruption which spreads wider; and perhaps even over the whole body. This generally has the appearance of varicella, and is called vaccinella. Sometimes after vaccination there are some of the accompanying symptoms of varicella, as catarrhal affections, diarrhœa, swollen glands, &c. Often one or the other of the vaccine vesicles aborts; and this is often caused by the rubbing of the clothes. In syphilitic children it sometimes happens that an ulcer forms from the vaccine vesicle, and vaccination then acts just as any other wound would do in those who are already syphilitic.

REMARKS ON PULMONARY CONSUMPTION, &c.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,
NEW ORLEANS.

[Continued from page 430.]

IN the preceding remarks, having assumed the position that this disease was really one to be cured by adapting the remedies to the existing symptoms, and assigned many reasons why the number of cures must necessarily be small in number, I now present a summary of the case of Edward Loftus, aged 28 years, who entered Ward 33 of the Charity Hospital, on the 25th of March, 1858, and on the 18th of July following requested his discharge, feeling sufficiently well and strong to resume his occupation as drayman. During that interval, the following facts were developed, the greater part having been witnessed by many observers, physicians and students.

On admission, he stated that for eight months he had been suffering from a severe cough, for the relief of which various remedies had been tried, without benefit. Having, within a few days, caught a fresh cold, which greatly increased the cough and expectoration, causing severe pain in the chest, difficulty in respiration, and occasional bloody sputa, he decided to enter the Hospital. When first seen, his cough was constant, with copious expectoration of muco-purulent matter, slightly tinged with blood. On examining the chest by auscultation and percussion, which was done by several present, besides myself, in addition to decided dullness and positive signs of softened tubercles, there were evidences of acute inflammation. During the several months of continuous treatment, the following grave symptoms were developed in succession: The cough severe and almost incessant, expectoration profuse, exceeding a pint daily for a long time, generally streaked with blood; the system becoming visibly emaciated, night sweats profuse. For five consecutive nights, he discharged from the lungs

upward of a pint of blood, by measure ; on the second night of the hæmorrhage, the nurse, apprehending death would occur, requested the assistant house physician to see him. The blood discharged was kept for my inspection, that no doubt could exist as to the character or quantity. After the last profuse hæmorrhage, the mass, at the morning visit, presented the appearance of grumous blood, mixed with a dark greyish substance, likened by one of the physicians present to a portion of the lung. The bowels were for some time very loose, and digestion was much impaired. Finally, to crown all, anasarca and ascites made their appearance, the expressed opinion of all present being that death was now inevitable, the possibility of benefit from further treatment being discussed. The patient, even in such a condition, not unwilling to do or take what was considered necessary, I was willing to continue the treatment, although daily expecting his death.

Such is a plain statement of facts, witnessed daily for successive weeks by many physicians and students ; and yet, notwithstanding such an almost hopeless assemblage of symptoms, and the large quantity of different powerful medicines in various modes employed, this man did eventually recover, or, as I insist, he was cured, and walked out a well man. About four weeks after being out, attending to his business as drayman, while in the act of driving, on a hot day, by some accident he fell off, and, the wheel passing over his chest, fractured his right collar bone, for which he was brought to the hospital surgical wards, where I saw him almost daily. As the result of the injury, he had several hæmorrhages, considerable pain, with some coughing, from all of which he eventually recovered, and went out to pursue his business. A few weeks afterward, I met him on his dray, standing, and driving full tilt, when he stopped to thank me for services rendered, and prove the fact of his being well. Months subsequently to that, he paid me a visit in my ward, presenting a picture of robust health.

In surgical records, many marvellous recoveries from the most serious injuries have been handed down as well established facts, one of which was published in this JOURNAL a few years since. Although medical works abound in astonishing and unexpected recoveries, I question whether one can be found that shall surpass in interest and wonder the details of this case. It will be seen that not much mention has been made of the physical signs observed during the progress of the case, which in reality was not required to determine any one point, all being too plainly marked ; but, to satisfy all, I will state that at the beginning, and often subsequently, several experienced auscultators did critically examine him, and pronounced the case one of confirmed tubercular consumption. It was more than once remarked that it was needless to try to do more than palliate his condition, and although fully coinciding in the opinion, the man having been placed under my charge, and evincing, as he did, the right spirit, and an ardent hope of recovery,

having long since practically learned the truth of that wise saying, "while there is life, there is hope," I left no stone unturned to comply with his and my own wish. Will any one say both were not rewarded? he with restored health, and myself with a still firmer belief in the real power of medicine to control consumption, thus wresting from that diseasesome of its supposed necessary fatal effects, and inspiring true hope in the minds of patients and physicians.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

DEC. 27th. *Case of Laryngitis; Tracheotomy, followed by recovery.*—Dr. CABOT reported the case.

The patient was a lady, 37 years of age, under the care of Dr. Faulkner, of Jamaica Plain. She had enjoyed good health until three years ago, when she had an attack of rheumatism in the ankle, with much swelling and pain. This recurred more or less every winter, coming first in one place and then in another, each time lasting three or four weeks. During the last year the knees have enlarged several times, without much pain or soreness, the swelling subsiding after a time. Last June, she took a severe cold, and remained hoarse all summer, making it hard for her to sing; she thought the throat was strained by trying so hard. Three or four weeks before the operation, she was troubled with "croup"; the throat was swelled and very sore, she could not sleep at night, and felt as if she should choke. The patient was unwilling to submit to treatment, either internal or external, both of which were urged by Dr. Faulkner.

Dr. Cabot was called to see her on the night of Sept. 2d, and found her with very noisy, shrill breathing; drowsy, unable to lie down, face sublivid, pulse very small and rapid; in short, she was on the verge of fatal asphyxia. There was no appearance of false membrane about the throat or fauces. No time was lost in placing her upon a table prepared for the purpose, etherizing her, and, with the assistance of Dr. Faulkner and Dr. Seaverns, opening the trachea at as distant a point from the larynx as practicable, and introducing the double trachea-tube. The relief to the breathing was immediate, and the consequent improvement to the complexion likewise.

The next day she was very comfortable, having had a quiet night, sleeping most of the time—the first quiet sleep she had had for a number of nights. She was ordered iodide of potassium, and to have the larynx sponged with a solution of tartaric acid in water. She continued to improve daily. On the 8th, when the soreness about the wound had somewhat diminished, Dr. C. made a digital examination, and found slight apparent fulness about the epiglottis and rima, but not marked, however. Soon after this date a marked improvement occurred in the condition of the larynx, as shown by the passage of air more freely, coincident with an attack of rheumatism in one knee. On the 19th, she was able to wear a cork in the external tube, thus breathing through the opening in the back of the tube and the larynx, dur-

ing the whole night, without any trouble ; and on the 20th the tube was removed.

Dr. Faulkner reports that since the operation she has had no affection of the joints, and no sickness, except nervousness. The voice is not quite clear. Singing does not weary her as before, but she cannot sound the high notes. She says she is troubled with catarrh, and "a dropping into the throat."

Dr. Cabot remarked that the coincidence of an attack of rheumatism with an amelioration of the laryngeal trouble led him to surmise that the larynx might have been swollen in consequence of a rheumatic affection, and he mentioned it that the profession may be led to examine other cases of chronic and acute laryngitis, in reference to this question, and either confirm or refute the supposition.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 26, 1860.

CLOSE OF THE SIXTY-FIRST VOLUME—VALEDICTORY OF THE EDITORS.—With the present number of the JOURNAL, the sixty-first volume closes, and with it terminates, also, the connection which has existed for the past five years of the present editors with its management.

The dissolution of our official relations to the JOURNAL, and, through it, to the medical public, is not, as may well be imagined, a matter of indifference with us. Maintained, as they have been, for the period above mentioned, we can truly say that although they have necessitated the expenditure of a very large amount of time and labor, they have in many respects proved highly advantageous to ourselves. The training which an editor of a medical periodical is obliged to undergo in the faithful discharge of his duties, can hardly be other than wholesome discipline, even if fatiguing, and not infrequently irksome and exacting.

If the care of the JOURNAL has thus not been without its reward, its demands upon our time have long been such as seriously to interfere with those immediate and purely practical duties which cannot be neglected by any who desire the active work of the profession. In this view, it has often occurred to us that the truest and surest way to secure the undivided efforts of competent editors of medical journals, would be to proffer them such pecuniary remuneration as should make them indifferent to, or, in great part, independent of, an increase of their professional business. In this way, a medical man with but a moderate amount of active occupation, could *afford* to give as much time to the requirements of a journal as he should—otherwise, that end is generally accomplished with difficulty, if at all.

Another point, upon which we wish to say a few words, very nearly regards the future prosperity of the JOURNAL. We refer to the amount of literary aid rendered the editor, in his task. There has not been that supply of articles from the pens of the New-England profession, for which we confidently looked, in the early part of our incumbency.

It has not been for lack of exertion, personally, and by written appeal, on our part, that we have so often been obliged to gaze anxiously upon "a beggarly array of empty boxes," and wonder where the "first article" for the next issue was to come from. We do not wish to be remembered as too querulous, at our last breath—but to those who realize the unceasing call for "copy" which attaches, perforce, to a weekly journal of medicine and surgery, the statement above made will not appear unreasonable. We would bespeak for our successors more aid, in this respect; and we venture to assert that the profession at large, and those who thus kindly cater to its wants, will both reap the advantage, in a fuller presentation of those medical and surgical reports which are worthy of mention and preservation. It would, doubtless, be well if such papers could always be paid for by the publisher of a medical journal, but this cannot frequently be done. If the receipts for this JOURNAL, for instance, allow of but a comparatively small remuneration to its editors, how can its publisher be expected to put himself out of pocket for communications, however valuable? It does seem to us, that a little more *esprit de corps* is demanded. If the JOURNAL is a benefit to the profession, the profession ought to remember it with their pens, as well as with their payments; and, for our worthy publisher's sake, we could wish the latter were tenfold what they are, and that they were always promptly paid. We should add that we leave the JOURNAL in fully as flourishing a condition—as to its subscription list—as when we assumed our editorial duties.

While we confess to a sense of relief from the yoke of unremitting labor, in resigning our charge, we experience no little regret in severing those connections which have existed for so considerable a period, between ourselves as co-editors, and also between us and the publisher and the various *employés* of the office. The JOURNAL has, and will ever have, our best wishes for its prosperity; and, in so far as we personally may be able to advance its interests, we shall be glad so to do. With a cordial endorsement of our successors in office, and a hope, which we cannot doubt will be amply realized, that everything will flourish and advance under their zealous and efficient management, we take leave of our readers, correspondents and friends, with hearty thanks for every favor extended to us, and a true appreciation of the indulgence so uniformly manifested toward us through the entire course of our official career. *Valete omnes.*

HYDROPHOBIA SUCCESSFULLY TREATED WITH CALOMEL.—In the last number of the *American Journal of the Medical Sciences*, is the report of a case of Hydrophobia, by Dr. J. E. H. LIGGET, of Middleburgh, Md., which recovered under the use of calomel, in the dose of one drachm every four hours, the intervals being diminished to six and eight hours, as the symptoms improved. Purgatives were also employed. There was only moderate salivation. The patient was a colored girl, 23 years old. Sixteen or eighteen days before she was taken sick, she had been bitten by a young dog, which had been unusually dull and morose for a day or two, who died afterward with all the symptoms of rabies in its most virulent form. The symptoms began with pain in the great toe (the part bitten), extending up the limb toward the body. At the same time, from being a very lively girl, she became dull, moody, taciturn and irritable. The mind was clear, and she had frequent and violent spasms (of what muscles is not

stated), which could at any time be excited by touching her, by a current of air, or by the sight of water or other fluids. There was intense thirst, but horror and immediate spasm from the sight of water; and expectoration of small quantities of viscid mucus. The pulse was of moderate frequency throughout. The medicine was followed by immediate relief, and the girl recovered in a week.

Dr. Ligget remarks that the diagnosis in the above case has been doubted, for two reasons: *first*, that the patient was a female, and, *secondly*, that she recovered, the disease being supposed to be hysteria. Of course the fact that the patient recovered must throw some doubt on the nature of the disease, since there is no authentic record, so far as we know, of recovery from undoubted hydrophobia. We think, however, that the facts that the dog was mad, and that most of the symptoms of hydrophobia were present in the patient, are very strong reasons for believing that the case was one of genuine hydrophobia. At any rate it would be easy to try the remedy in another case.

CORRECTION.—In the remarks of Dr. PARKS concerning “abscess of the mamma in a young girl,” which were printed in the last number, page 501, is an error which he desires us to correct. Instead of the sentence “Velpeau states that he has seen but three cases,” read “Nélaton had seen but three cases in young unmarried women in three years, the last of his cases being in a girl of fifteen years.”

PRIZE ESSAYS OF THE AMERICAN MEDICAL ASSOCIATION.—All essays offered for the prize must be sent, on or before April 1, to some one of the Committee, who are—Drs. Worthington Hooker (Chairman), New Haven, Conn.; G. C. Shattuck, Boston, Mass.; Usher Parsons, Providence, R. I.; P. A. Jewett, New Haven, Conn.; and Jonathan Knight, New Haven, Conn.

Other medical Journals are requested to copy this.

HEALTH OF THE CITY.—Of the 90 deaths during the past week, 43 were of males, and 47 of females; 35 were of subjects under the age of 5 years, 9 were between 5 and 20, 21 between 20 and 40, 11 between 40 and 60, and 14 above 60. The chief causes of death, next to consumption, were pneumonia and smallpox (of each 10), and scarlatina (7). The deaths by smallpox were equally divided between the two sexes. Of the males, 3 were children and 2 adults; of the females, 2 children and 3 adults. The deaths from unknown diseases include one of a female, aged 53 years, of which the reported cause was “change of life”! The total number of deaths during the corresponding week of 1859 was 76, of which 17 were from consumption, 6 from pneumonia, 1 from scarlatina, 0 from smallpox.

RELATION OF COLOR BETWEEN THE HAIR AND THE BRAIN.—M. Gubler is of opinion that there is a constant relation between the color of the skin and of the cerebral matter. He says that he has thus been enabled to distinguish the brain of a negro amongst seven or eight others. This color is not due to congestion, but to the presence of black granules of pigment, as in the choroid and black matter of the lungs. They are insoluble in strong acids, unlike those due to the presence of sulphates; and are especially observable in the Rachidian bulb and pons.—*Lancet*.

MR. S. T. TROWBRIDGE, of Decatur, Ill., has invented a physician's cane. It consists of a hollow tube, closed at its bottom, and having a semi-tube attached to the knob or handle, and fitted within the cane, and allowed to move freely in and out of it, and forming a receptacle for vials containing medicines. The invention is designed to supersede, to some degree, at least, the use of the saddle bags.—*Philadelphia Medical and Surgical Reporter*.

A NEW JOURNAL is to be published at Kansas City, Missouri, with the title of the *Kansas City Medical and Surgical Review*, and under the editorship of Drs. Maughs and Case.—*Ibid*.

U. S. MARINE HOSPITAL, ST. LOUIS.—There were admitted and treated in this Hospital, to which Dr. Wm. M. McPheeters is Physician and Surgeon, during the year 1859, nine hundred and thirty-one patients—of which number eight hundred and forty-one were discharged, forty died, and fifty still remain on hand and under treatment.—*St. Louis Medical and Surgical Journal*.

MEDICAL PROPERTIES OF THE TOMATO.—There may, perhaps, be some foundation for an assertion which has been lately several times repeated, that the tomato is an efficient "deobstruent," whatever that may be, and will be a good substitute for calomel by reason of its gentle action on the liver. It is said to be a useful and harmless remedial agent in biliary obstruction, and is described as "almost a sovereign remedy for dyspepsia and indigestion"—obviously an exaggeration, perhaps a misstatement. It has been tested in cough, and succeeded; so have many thousand remedies. There is little or no positive evidence in its favor; but enough of positive assertion and probable virtue to make it worth the attention of experimental pharmacologists. It may be used not only as an article of *materia medica*, but has the advantage of being an agreeable item in the *materia alimentaria*.—*London Lancet*.

TROY LUNATIC ASYLUM.—At Troy, N. Y., in September last, a new Lunatic Asylum, in connection with the Marshall Infirmary, was opened. The institution has a beautiful location, upon Mount Ida, overlooking the city, and commanding a magnificent view of the Hudson and its valley. It is purposed for the reception of 70 patients, and is built in the most substantial manner.—*Nash. Jour. of Med.*

COLLEGE OF PHARMACY IN CHICAGO.—This institution was opened and the first course of lectures commenced on the 9th of November. The session will last for twenty weeks, and three lectures a week will be delivered. The members of the Faculty are Dr. J. V. Z. Blaney, Professor of Chemistry, Dr. F. Scammon, of Pharmacy, and Dr. J. H. Ranck, of *Materia Medica*.—*Ibid*.

PUBLISHER'S NOTICE.—The 62d Volume of this JOURNAL will commence with the weekly issue of Feb. 2d, and will be under the editorial management of Drs. F. E. OLIVER and CALVIN ELLIS, of this city. These gentlemen are already well known to the readers of the JOURNAL, and it is believed that their selection as Editors will meet the approval of the profession abroad, as it certainly does of those at home, so far as it has been made known.

The present Editors retire with the sincere respect and best wishes of the Publisher and all connected with the JOURNAL Office.

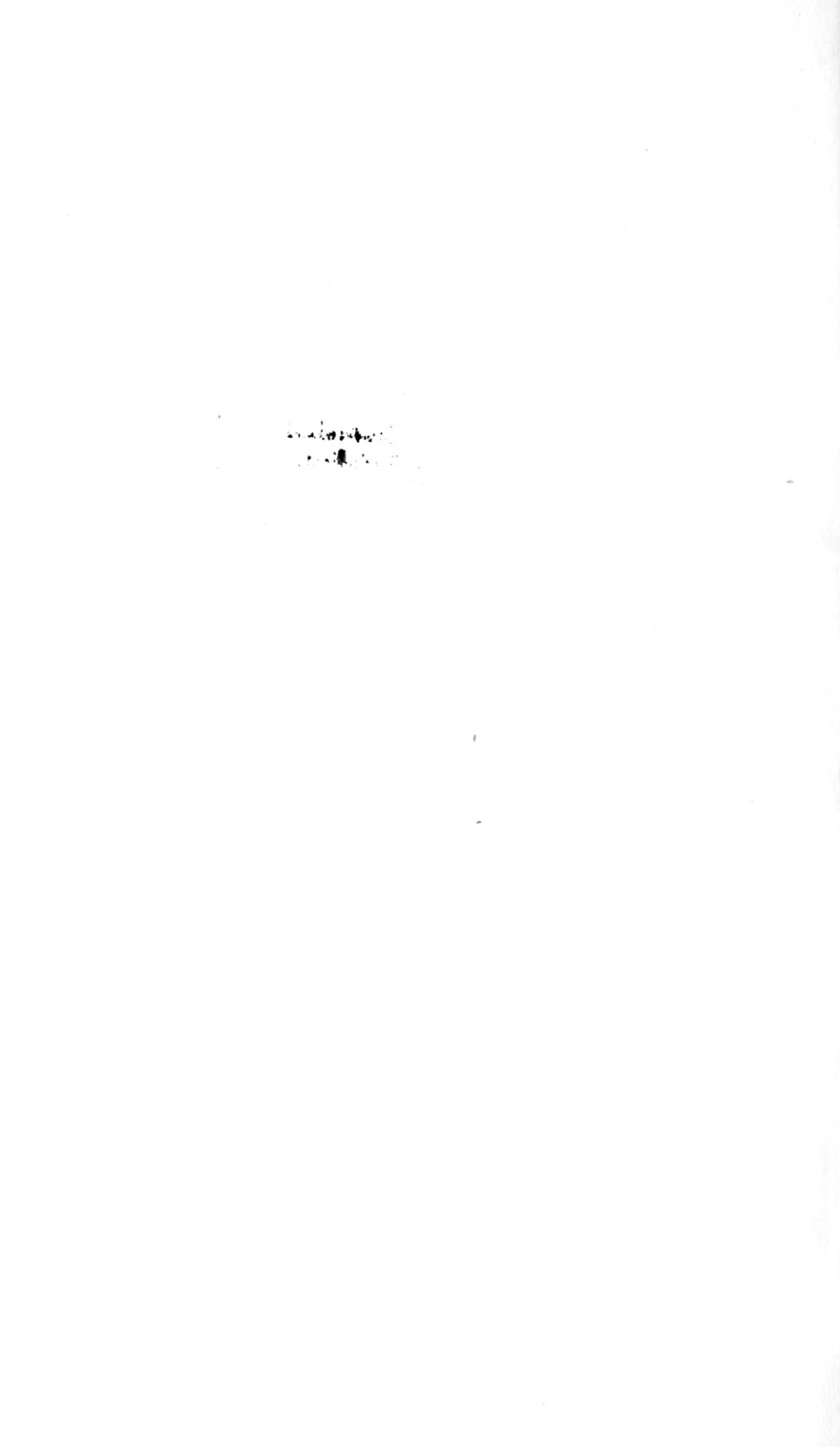
ERRATUM.—Page 497, 9th line, for "humor" read *tumor*; same page, 29th line, for "variolorus" read *variotosus*. Page 501, line 25 from bottom, for "mouths" read *weeks*.

Books and Pamphlets Received.—Clinical Lectures on the Principles and Practice of Medicine. By John Hughes Bennett, M.D. (From the Publishers.)—A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton. (From the Publishers.)—Introductory Lectures and Addresses. By George B. Wood, M.D., Philadelphia.

MARRIED.—At Salem, 20th inst., Fernando C. James, M.D., of Hickory Grove, N. C., to Miss Frances Maria Willard, of Salem.

Deaths in Boston for the week ending Saturday noon, January 21st, 90. Males, 43—Females, 47.—Apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 2—disease of the brain, 1—consumption, 18—convulsions, 1—croup, 1—dropsy, 3—dropsy in the head, 3—drowned, 1—debility, 1—puerperal disease, 3—erysipelas, 1—bilious fever, 1—scarlet fever, 7—typhoid fever, 1—hernia, 1—disease of the heart, 2—influenza, 1—intemperance, 1—congestion of the lungs, 1—inflammation of the lungs, 10—marasmus, 1—measles, 2—old age, 1—palsy, 1—pleurisy, 2—premature birth, 1—rheumatism, 1—smallpox, 10—sore throat, 1—suicide, 1—tumor of the face, 1—unknown, 5—worms, 1.

Under 5 years, 35—between 5 and 20 years, 9—between 20 and 40 years, 21—between 40 and 60 years, 11—above 60 years, 14. Born in the United States, 53—Ireland, 19—other places, 13.



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